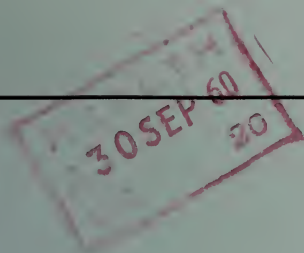


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COUNTY BOROUGH OF GRIMSBY

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1959

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INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE





COUNTY BOROUGH OF GRIMSBY

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**SCHOOL HEALTH SERVICE**

*RICHARDSONS & COPPIN, Ltd., Printers, GRIMSBY.*

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## GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1959).

*Chairman*

The Worshipful the Mayor  
(ALDERMAN F. G. GARDNER, J.P.)

*Deputy Chairman*

ALDERMAN G. H. ATKINSON

*Aldermen*

J. H. FRANKLIN	M. LARMOUR
W. HARRIS, O.B.E.	E. W. MARSHALL
<u>C. W. JAKES, J.P.</u>	C. H. WILKINSON, M.B.E., J.P.
Mrs. M. LARMOUR	W. H. WINDLEY

*Councillors*

A. H. BERRETT	A. W. KENNINGTON
A. BRADLEY	Miss J. B. B. McLAREN
W. R. BRUMBY	J. P. MURPHY
C. W. A. CHAPPLE, D.S.C., G.M.	A. C. PARKER
A. H. CHATTERIS	Mrs. M. E. PICK
T. M. DAVISON	T. W. SLEEMAN
E. B. DENT	Mrs. L. TRAYER
Mrs. F. E. FRANKLIN, J.P.	W. E. WILKINS

and the following Co-opted Members :—

Mrs. H. L. R. BONTOLT	Mr. T. MUMBY
Mr. R. C. BELLAMY	Dr. E. A. ROBERTSON
Dr. J. COTTRELL, J.P.	Mr. C. W. SPENDELOW

## SUB-COMMITTEES OF THE HEALTH COMMITTEE

## MENTAL HEALTH :—

COUNCILLOR MRS. FRANKLIN (*Chairman*) ; ALDERMAN MRS. LARMOUR (*Deputy-Chairman*) ; ALDERMEN ATKINSON AND GARDNER ; COUNCILLORS BRADLEY, CHAPPLE, DENT, PARKER, MRS. PICK AND MRS. TRAYER.  
*Co-opted Members* :—MESDAMES H. L. R. BONTOLT, M. CRESSWELL, L. NICHOLLS AND A. B. TURNER ; DR. R. R. RENFREW.

## PERSONAL HEALTH :—

ALDERMAN WILKINSON (*Chairman*) ; COUNCILLOR CHAPPLE (*Deputy-Chairman*) ; ALDERMEN ATKINSON, GARDNER, JAKES AND MRS. LARMOUR ; COUNCILLORS MISS McLAREN, MURPHY, PARKER AND MRS. TRAYER.  
*Co-opted Members* :—MESDAMES M. CRESSWELL AND A. B. TURNER ; MESSRS. T. MUMBY AND J. SULLIVAN ; DR. T. BARROWMAN.

## PUBLIC HEALTH :—

ALDERMAN GARDNER (*Chairman*) ; ALDERMAN ATKINSON (*Deputy-Chairman*) ; ALDERMEN M. LARMOUR AND MARSHALL ; COUNCILLORS BERRETT, BRUMBY, KENNINGTON, PARKER, SLEEMAN AND MRS. TRAYER.  
*Co-opted Members* :—MRS. H. L. R. BONTOLT ; MESSRS. T. BAXTER, A. CUCKSON, T. HUNT AND N. HOPPER.



## LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

### LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
- The Grimsby Corporation Act, 1949.

### ADOPTIVE ACTS.

- The Public Health Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Part II, IV, VI, & X).
- The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

### BYE LAWS.

- Provision of means of escape in case of fire in factories in the Borough, 1921.
- Nuisances, 1923.
- Premises where food is prepared or cooked, 1926.
- Tents, Vans, Sheds and Similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- Smoke Abatement, 1936.
- New Streets, 1938.
- Nursing Homes, 1938.
- Seamen's Lodging Houses, 1938.
- Slaughter Houses, 1939.
- Common Lodging Houses, 1940.
- Handling, Wrapping and Delivery of Food, 1948.
- Employment of Children and Street Trading, 1949.
- Scartho Road Cemetery, 1951.
- Cemetery Charges, 1952.
- Nuisances, 1952.
- Hackney Carriages, 1952.
- Brighowgate Bus Station, 1953.
- Building Byelaws, 1953.
- Pleasure Grounds, 1955 and 1959.
- Good Rule and Government, 1955.
- Parking Places, 1956.
- Smoke Prevention, 1957.
- Parking Places in Streets, 1957, 1958 and 1959.
- Removal of House Refuse, 1958.
- Public Libraries, 1958.
- Conveyance of Noxious Matter, 1958.
- The Garden of Rest, Doughty Road, 1959.

### LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.
- Projections in Public Streets, 1922.
- Street Collections, 1923.
- Scartho Road Cemetery, 1951.
- Grimsby Public Library, 1953.
- Grimsby Crematorium, 1954.
- Proper Ventilation of Underground Rooms, 1955.
- Grimsby Registration Schemes, 1938—1957.



## STAFF OF THE HEALTH DEPARTMENT, 1959.

### MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

### SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNAL AND CHILD WELFARE

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

### ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

J. G. J. COGHILL, M.B., Ch.B., (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

M. R. BURKE, M.B., B.Ch., B.A.O., D.P.H. (*Also Medical Inspector of Aliens*) (resigned 30.9.59).

J. L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M. (*Also Medical Inspector of Aliens*) (from 21.9.59).

### PUBLIC HEALTH INSPECTORS

H. PARKINSON, 1, 2. *Chief Public Health Inspector.*

A. MANSON, 1, 2. *Deputy Chief Public Health Inspector.*

W. W. REED, 1, 2. *Senior Public Health Inspector.*

S. F. BURKITT, 1, 2.

D. G. L. MONTGOMERY, 1. (from 24.8.59).

S. MASTIN, 1, 2.

D. C. VANSON (Pupil).

J. WOOD, 1. (from 17.8.59).

### HEALTH VISITORS

Mrs. I. HALDANE, 3, 4, 5. *Superintendent.*

Miss E. M. TIPPLER, 3, 4, 5.

Mrs. J. HAVERCROFT, 3, 4, 5.\*

Miss M. C. BAGG, 3, 4, 5.

Miss I. R. ADAMSON, 3, 4, 5.

Miss J. D. M. VARRIE, 3, 4, 5.

Mrs. M. B. KOZLOWSKI, 3, 4, 5.

Miss K. L. SPENCER, 3, 4, 5.

Miss M. HARDWICK, 3, 4, 5.

Miss J. BELL, 3, 4, 5.

Mrs. I. M. STOREY, 3, 4, 5. (from 1.5.59)

### CLINIC NURSES

Mrs. I. D. MILLS, 3, 4.

Mrs. F. J. WATERHOUSE, 3, 4.

Miss M. DURKIN, 3. (from 2.3.59).

### TUBERCULOSIS VISITORS

Miss D. ATKIN, 3, 4, 5.

Mrs. R. DONSON, 3, 4.\*

### HOME NURSING SERVICE

Miss F. ENGLEDOW, 3, 4, 5. *Superintendent,*

Mrs. A. T. LAWE, 3, 4. *Assistant Superintendent*  
and staff of 14 nurses.

### MUNICIPAL MIDWIVES

Miss F. ENGLEDOW, *Non-medical Supervisor.*

Mrs. A. T. LAWE, *Assistant Non-medical Supervisor*

Miss D. G. INKPEN, 3, 4.

Mrs. C. WESTACOTT, 3, 4.

Mrs. C. BEDFORD, 3, 4.

Mrs. C. E. CALTHORPE, 3, 4.

Miss E. BAXTER, 3, 4.

Mrs. E. E. BUNN, 3, 4. (resigned 4.1.59).

Miss G. A. BAXTER, 3, 4.

Mrs. G. NUTTER, 3, 4.

Mrs. K. G. GILMOUR, 3, 4.

Miss J. ORREY, 3, 4. (from 5.1.59).

Miss D. M. DAWSON, 3, 4.

Miss B. T. PRIDE, 3, 4. (from 1.12.59).

Mrs. K. M. BIRKETT, 3, 4.

### AMBULANCE SERVICE

E. BROWN, Ambulance Officer, and staff of 26.

### MENTAL HEALTH SERVICE

Miss E. M. WOULD, *Senior Mental Health Worker.*

Miss M. A. CLONEY, B.D. (resigned 12.9.59)

Miss M. NEWTON (resigned 3.10.59)

Miss A. G. BLOWER (from 5.10.59).

G. W. A. MACKENZIE, *D. A. Officer.*

L. C. RACKHAM, *D.A. Officer.*

### OCCUPATION CENTRE

Miss E. PATERSON, *Supervisor.*

Mrs. L. A. WILLERTON

Miss H. M. BARKER.

Miss P. M. WRIGHTAM

Mrs. A. E. GORRINGE.

### DOMESTIC HELP SUPERVISOR

Miss L. BLACKBURN

### ALMONER SERVICE

Miss D. WILD (resigned 30.6.59).

Miss A. J. CORBOULD (from 27.7.59).

### CLERICAL STAFF

W. R. GALE, *Chief Clerk*

Mrs. F. M. THOMAS (resigned 31.8.59).

D. AMERY

Miss J. E. BROWN (from 19.8.59).

M. WILKINSON

Miss S. HORN

P. T. KITCHING

### *Public Health Inspector's Sub-Department*

S. NASH

Miss J. E. BROWN (to 18.8.59).

T. H. R. JOHNSON

Miss D. A. ROBINSON (from 10.8. 59).

### *Maternal and Child Welfare Sub-Department*

Mrs J. A. POTTER

Miss M. MOORE

Miss S. WILLING

Mrs. R. EARLY

Mrs. I. SMITH

Mrs. I. E. LONGSTAFF

### *Mental Health Sub-Department*

Miss G. J. PEARSON (resigned 3.10.59).

Miss J. E. BOX (from 19.1.59 ; resigned 18.7.59).

Miss L. E. HUTSON (from 20.7.59).

Miss J. M. TAYLOR (from 3.11.59).

### *Almoner Service*

Miss I. HOLDEN

### *Domestic Help Service*

Miss B. N. DOUGHTY

### *Ambulance Service*

Miss F. FIELDS

---

\* Part-time appointment.

1. Public Health Inspector's Certificate.
2. Meat Inspector's Certificate.
3. State Registered Nurse.
4. State Certified Midwife.
5. Health Visitor's Certificate.

## INTRODUCTION

*To the Mayor, Aldermen and Councillors of Grimsby County Borough.*

I have the honour of presenting the Annual Report on the Health of the Borough for the year 1959.

In many respects it has been a satisfactory year. The population has gone up, chiefly due to a birth rate well above the national average and a total death rate slightly less than that for England and Wales as a whole. However, deaths from cancer are slightly above, while those caused by cancer of the lung have again increased. The consensus of medical opinion is unshaken in the belief that the chief cause of this is excessive smoking. The public shows no sign of heeding this warning and the Chancellor of the Exchequer again increased the tariff on tobacco, not with the intention of curbing the amount smoked, but rather as a certain source of income. It may even become patriotic to die of lung cancer for one's country!

There were no serious epidemics, except for a large number of cases of sonnei dysentery which required an all-out effort to limit its spread. On the other hand, there were only two cases of food poisoning, which is a remarkably low figure. Whooping cough showed an increase, which is probably due to the tendency for mothers to delay having their children immunised after protection against poliomyelitis. The multiplicity of injections during the infant's first year is somewhat overwhelming.

The infant mortality rate is the same as the national average, which is the lowest on record. While this is most encouraging there must be no complacency while the theoretically preventable loss of babies still occurs. The stillbirths rate is much higher than last year—this seems to be largely associated with prematurity, an old problem which still remains to be solved.

Tuberculosis is still a challenge, but each year the number of notified cases continues to fall. Better treatment offers a new hope for the victims and reduces the sources of infection. Instead of the occasional visit of the mobile x-ray unit to the same places and often x-raying the same people, many authorities are concentrating on a mass x-ray campaign of the whole population. This requires intensive propaganda and planning, but the idea is to eradicate the disease by discovering the hidden hard core of undetected chronic infectious cases. These are often elderly patients who are never suspected of suffering from anything other than bronchitis, and yet they can infect their household contacts.

The poliomyelitis vaccination scheme continued to expand, particularly by the extension of the age group to 25 years. The tragic death of a famous footballer did more to boost the programme than the efforts of the Ministry and local health authorities combined. Many of the earlier cases qualified for the third dose, which made this a record year for the number of injections given by the staff of the Health Department, i.e., 42,000.

I was asked to visit 114 patients on the chronic sick waiting list. This is in accordance with an arrangement whereby I classify cases according to social needs so that the limited number of beds may be used to the best advantage. Of the total number visited, 40 required urgent admission, 55 needed hospitalisation, 13 were able to cope with the help of the domiciliary services, and six

had died while waiting. People living alone with no available relatives constituted the most urgent problem, while double incontinence and dementia ran a close second. A few admissions were for the purpose of giving the relatives a short break or a holiday. Those who make an honest effort to cope with an aged sick relative deserve more help than it is often possible to give them because of the excessive demands made on the services by those cases who are not receiving proper care and attention.

There has been an increase in all types of venereal disease. This is most marked in cases of gonorrhoea and is accounted for by a greater proportion of the young, which is in accord with the national trend. The total number of new Grimsby residents who attended the clinic was 210, compared with 156 the previous year.

Fortunately, the public health inspectorate has increased, but it has not been possible to recruit any health visitors. This shortage of health visitors means that certain aspects of the work has to be limited to selective visiting. During the year they carried out a survey of notified accidents in the home and valuable propaganda was done at the same time. This was a pioneer scheme and the statistics have been published in "The Medical Officer" as well as in the Additional Information section of this Report.

Liaison continues to be friendly and I am personally grateful for the privileges afforded me by the other services in the area.

My thanks are due to the Chairman and members of the Health Committee for their kind consideration of the matters placed before them, and to the staff for their loyal service.

R. GLENN,

*Medical Officer of Health.*

HEALTH DEPARTMENT,

1, Bargate, Grimsby.

June, 1960.

## PART I.—STATISTICS AND SOCIAL CONDITIONS

## SUMMARY OF STATISTICS

Area (in acres)—excluding foreshore .....				5,863
Registrar General's estimate of population, mid-1959 .....				97,110
No. of inhabited houses (end of 1959) according to Rate Books ..				29,656
Rateable Value .....				£1,172,821
Sum represented by a penny rate .....				£4,807
Live Births :—	Males	Females	Total	
Legitimate ..	906	846	1,752	
Illegitimate ..	54	52	106	
	<hr/>	<hr/>	<hr/>	
	960	898	1,858	
	<hr/>	<hr/>	<hr/>	
Live birth rate per 1,000 population .....				19.1
Adjusted live birth rate (area comparability factor 1.00) .....				19.1
Illegitimate live births per cent of total live births .....				5.7
Stillbirths :—				
Legitimate ..	27	13	40	
Illegitimate ..	1	1	2	
	<hr/>	<hr/>	<hr/>	
	28	14	42	
	<hr/>	<hr/>	<hr/>	
Stillbirths rate per 1,000 total live and still births .....				22.1
Total live and still births .....				1,900.
Infant deaths :—				
Legitimate ..	22	17	39	
Illegitimate ..	1	1	2	
	<hr/>	<hr/>	<hr/>	
	23	18	41	
	<hr/>	<hr/>	<hr/>	
Infant Mortality rates :—				
Total infant deaths per 1,000 total live births .....				22.0
Legitimate infant deaths per 1,000 legitimate live births .....				22.2
Illegitimate infant deaths per 1,000 illegitimate live births .....				18.8
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)				13.4
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births) .....				12.9
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) .....				34.7
Maternal mortality (including abortion) :—				
Number of deaths .....				2
Rate per 1,000 total live and still births .....				1.05
Deaths (Males 554 ; Females 458) .....				1,012
Death rate .....				10.4
Adjusted death rate (area comparability factor 1.13) .....				11.8



							<i>Number</i>	<i>Rate</i>
Deaths from measles	..	..	..	..	..	..	—	—
„ „ whooping cough	..	..	..	..	..	..	—	—
„ „ diphtheria..	..	..	..	..	..	..	—	—
„ „ respiratory tuberculosis	..	..	..	..	..	..	11	0.11
„ „ other tuberculous diseases	..	..	..	..	..	..	1	0.01
Total tuberculosis deaths	..	..	..	..	..	..	12	0.12
Deaths from cancer	..	..	..	..	..	..	208	2.14
„ „ influenza	..	..	..	..	..	..	7	0.07

**Population.**—(Table 1, page 57). The Registrar General's estimate of the home population of Grimsby at mid-year 1959 was 97,110, an increase of 730 on his estimate for the previous year. The natural increase of the population, *i.e.*, the excess of live births over deaths, was 846.

**Births.**—(Tables 1 and 2, pages 57 & 58). There were 1,858 live births (960 males and 898 females), giving a birth rate of 19.1 per thousand of the population compared with 16.5 for England and Wales. The latter rate is the highest recorded since 1949.

One hundred and six (5.7 per cent) of the live births were illegitimate, the illegitimacy rate being 57 per thousand live births. The corresponding rate for England and Wales was 51.

**Stillbirths.**—Forty-two stillbirths were registered, giving a rate of 0.43 per thousand of the population. The rate expressed per thousand total (live and still) births was 22.1, while for England and Wales it was 20.7.

**Deaths.**—(Tables 3 and 4, pages 58 & 59). There were 1,012 deaths (554 males and 458 females), equal to a death rate of 10.4..

The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.13) was 11.8, compared with 11.6 for England and Wales.

Five hundred and eighty-six persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 50.7 per cent of the total deaths registered.

Deaths of residents at 70 years of age and upwards totalled 544, the numbers at age periods being :—

			MALES	FEMALES	TOTAL
Between	70 and under 75 years	.. ..	77	73	150
„	75 and under 80 years	.. ..	84	78	162
„	80 and under 85 years	.. ..	61	63	124
„	85 and under 90 years	.. ..	36	46	82
90 years and over	.. ..	.. ..	8	18	26

This is almost equal to 54 per cent of the total deaths.

Table 4 gives the causes of death in age periods and has been compiled from figures supplied by the Registrar General.

**Infant Mortality.**—There were 41 deaths under one year of age, giving an infant mortality rate of 22.0 per thousand live births, the second lowest rate recorded for Grimsby. The rate for England and Wales was also 22.0, the lowest ever recorded and 0.5 below that for 1958, the previous lowest.

The infant deaths are classified by cause in Table 5 (page 60).

**Neo-Natal Mortality.**—Twenty-five of the 41 deaths recorded above were of infants under 4 weeks, representing a neo-natal mortality of 13.4 per thousand live births. The corresponding rate for England and Wales was 15.8.

The early neo-natal mortality rate for Grimsby—there were 24 deaths of infants under one week of age—was 12.9 per thousand live births.

**Perinatal Mortality.**—The combined number of stillbirths and deaths of infants under one week of age was 66, giving a perinatal mortality of 34.7 per thousand total live and still births.

**Maternal Mortality.**—Two maternal deaths occurred in Grimsby residents giving a rate of 1.05 per thousand total live and still births ; for England and Wales it was 0.38.

**State of Employment.**—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1959	
(males 1,744; females 295)	.. 2,039
Total live register in July, 1959	
(males 1,041; females 92)	.. 1,133
Total live register in December, 1959	
(males 1,525; females 133)	.. 1,658

These figures include temporarily stopped claimants.

The number of residents known to have left Grimsby permanently to take up employment in other areas (excluding daily travel) was 43 (males 41 ; females 2).

**Rainfall.**—The total rainfall recorded during the year was 16.84 inches, the heaviest fall being 0.98 inches on the 3rd December.



## PART II.

PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES

## NOTIFIABLE INFECTIOUS DISEASES

The incidence of notifiable diseases (other than tuberculosis) was as follows :—

Diseases	Total Cases notified.	Cases admitted to Hospital.	Total Deaths
Scarlet fever .. .. .	157	3	—
Measles .. .. .	754	10	—
Whooping cough .. .. .	223	5	—
Acute pneumonia .. .. .	19	6	50
Acute poliomyelitis — Paralytic .. .. .	1	1	1
Dysentery .. .. .	1,051	19	—
Food poisoning .. .. .	2	—	—
Ophthalmia neonatorum .. .. .	3	1	—
Puerperal pyrexia .. .. .	3	2	—
Erysipelas .. .. .	2	—	—
Chicken pox .. .. .	852	4	—
Acute rheumatism .. .. .	5	1	—
Totals .. .. .	3,072	52	51

No notifications were received of other notifiable diseases not specified in the table above, e.g., diphtheria, smallpox, etc., and Table 6 on page 60 gives the age and sex distribution of the total cases notified.

**Scarlet Fever.**—157 cases (83 males and 74 females) were notified, compared with 76 in 1958. Three cases were treated in hospital.

**Measles.**—754 cases (395 males and 359 females) were reported compared with 913 the previous year. Ten cases were admitted to hospital and there were no deaths.

**Whooping Cough.**—223 notifications (107 males and 116 females) were received compared with 24 the previous year. Five of the cases were treated in hospital.

**Pneumonia.**—19 cases (17 of primary and 2 of influenzal pneumonia) were reported, six being admitted to hospital. Fifty deaths were ascribed to all forms of pneumonia, giving a death rate of 0.51.

**Acute Poliomyelitis.**—One case of paralytic poliomyelitis was notified — a boy, aged 5 years, who died shortly after admission to hospital.

**Dysentery.**—Notifications of this disease totalled 1,051 (500 males and 551 females) compared with 133 in 1958, and 19 of the cases were treated in hospital.

The Sonnei dysentery outbreak which occurred towards the end of 1958 increased markedly in severity and continued for the first seven months of the year. This threw a great strain on the public health inspectorate because many of these cases and their contacts were engaged in the food trade.

The vast majority of the cases were caused by *Shigella Sonnei* and mostly the clinical symptoms were mild.

**Food Poisoning.**—Two cases (a male and a female) were reported compared with four the previous year. Both occurred in the same family, and in neither case was the agent identified.

**Ophthalmia Neonatorum.**—Three cases of this disease were notified, one being treated in hospital. The services of a nurse are offered by the local authority in all cases nursed at home.

**Puerperal Pyrexia.**—Three cases were reported, two of the women being admitted to hospital. When a case is nursed at home the services of a district nurse are offered by the local authority. The attack rate per thousand total births was 1.58.

**Erysipelas.**—Only two cases of this disease were notified.

**Chicken Pox.**—There were reported 852 cases (436 males and 416 females) compared with 783 the previous year. Four cases were admitted to hospital.

**Acute Rheumatism.**—The Acute Rheumatism Regulations require the notification of cases of acute rheumatism in persons under 16 years of age occurring in certain specified parts of England, and 5 such cases were reported (4 boys and 1 girl) compared with the same number in the previous year.

Each case is finally reported on by the consultant cardiologist for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. The girl was thus proved to be non-rheumatic.

**Influenza.**—Although this is not a notifiable disease unless complicated by pneumonia, 7 deaths (3 males and 4 females) were certified as due to influenza, equal to a death rate of 0.07. The corresponding figures for 1958 were 5 and 0.04.

**Public Health (Infectious Diseases) Regulations, 1953.**—It was not necessary to take any action under these Regulations during the year.

## CANCER

The number of deaths due to cancer was 208 (118 males and 90 females). The local death rate from this cause was 2.14 compared with 2.13 for England and Wales. The rates for the previous year were 1.77 and 2.11 respectively.

Of the total deaths from cancer 46 (40 males and 6 females) were due to cancer of the lung and bronchus, which is equal to a rate of 0.47 per thousand population for Grimsby; for England and Wales it was 0.46. Other cancer death rate was 1.67 (England and Wales 1.67).

## TUBERCULOSIS

**Notifications.**—(Tables 7 and 8, page 62). Notifications under the Public Health (Tuberculosis) Regulations, 1952, totalled 63, compared with 83 the previous year. A further 12 cases of pulmonary tuberculosis already notified in other areas came into the borough.

**Deaths.**—(Tables 9 and 10, page 63). The following shows the number of deaths and the death rate from tuberculosis per thousand of the population :—

	<i>Number of deaths</i>	<i>Death rates</i>
Respiratory .. .. .	11	0.11
Other forms .. .. .	1	0.01
	<hr/>	<hr/>
Total ..	12	0.12
	<hr/>	<hr/>

The death rate for all forms of tuberculosis in England and Wales for 1959 was 0.085 (respiratory 0.077 ; other forms 0.008). It is pleasing to record that for the second time in eleven years no case died from tuberculosis which had not been previously notified.

**Revision of Register.**—A total of 131 notified persons were removed from the register, these consisting of :—

Diagnosis not established .. .. .	3
Recovered .. .. .	62
Died .. .. .	12
Left district .. .. .	43
Not desiring public medical treatment .. .. .	2
Not found after adequate search .. .. .	5
Others .. .. .	4

On 31st December, 1959, there were 848 cases on the register of the Medical Officer of Health, 763 pulmonary and 85 non-pulmonary.

**Mass Radiography.**—A survey was not carried out by the Lincolnshire Mass Radiography Unit during the year.

**Chest Clinic.**—The following information has been supplied by Dr. J. Glen, consultant chest physician, and is a general analysis of the work carried out in regard to Grimsby patients at this clinic during 1959.

<i>New cases examined (excluding contacts) :</i>	<i>Total</i>
(a) Definitely tuberculous .. .. .	49
(b) Diagnosis not completed .. .. .	40
(c) Non-tuberculous .... ..	2,646
	} .. .. 2,735

*Contacts examined :*

(a)	Definitely tuberculous	..	..	12	}	..	..	931
(b)	Diagnosis not completed	..	..	9				
(c)	Non-tuberculous	..	..	910				

Cases written off Clinic Register, including 3,663 non-tuberculous .. 3,794

*Cases on Clinic Register as at 31st December, 1959:*

(a)	Definitely tuberculous	..	..	835	}	..	..	894
(b)	Diagnosis not completed	..	..	59				
Total attendances at Clinic, including contacts		..	..	..				8,059
Consultations with medical practitioners		..	..	..				7,711
Home visits by nurses		..	..	..				2,718
X-ray examinations:— Radiographic film		..	..	..				3,820
Fluorographic screen		..	..	..				2,085

There has again been a decrease in the number of new diagnosed cases of tuberculosis, but as I stated in the previous year's report a word of caution is necessary. The number of new cases of tuberculosis in 1959 was unusually low and I do not anticipate that this rate will be maintained.

The low death rate reflects the treatability of the disease.

Non-tuberculous conditions requiring special investigation referred to the clinic during the year were as follows :—

					<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer	..	..	..	..	46	6	—
Bronchiectasis	..	..	..	..	4	7	2
Asthma	..	..	..	..	17	28	7
Atypical Pneumonia	..	..	..	..	1	1	—
Unresolved Pneumonia	..	..	..	..	2	—	2
Lung abscess	..	..	..	..	1	—	—
Non-tuberculous Effusions	..	..	..	..	3	2	—
Cardiac Conditions	..	..	..	..	12	7	—
Spontaneous Pneumothorax	..	..	..	..	3	—	—
Empyema	..	..	..	..	1	1	—
Other conditions	..	..	..	..	16	6	4
Totals					106	58	15

**Cancer.**—There has been an obvious increase in the amount of carcinoma of the bronchus passing through the clinic. Whether this denotes a general increase in the disease in the town is quite a different matter, as many cases reach hospitals and other clinics.

**Bronchiectasis.**—There has been a decrease in the number of new cases of this condition, and particularly is this so in the case of adult females. The future tendency should be for the reduced number to continue because of the wide and prompt use of antibiotics in cases of pulmonary infection.



**Asthma.**—The number of new cases of this condition has shown a slight increase. This is almost certainly due to the fact that there is a number of modern drugs available which are effective. General practitioners are obviously appreciating this and are sending along to the clinic their more difficult cases.

**Cardiac Conditions.**—The increase in the figure in this section is largely due to our increasing interest in cases of chronic bronchitis and the fact that a considerable number of cases of Cor Pulmonale are seen.

Number of New Cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc., in recent years.

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1955	777	1,658	374	2,809
1956	1,251	1,667	360	3,278
1957	1,023	1,800	430	3,253
1958	999	1,690	372	3,061
1959	813	1,601	321	2,735

**Preventive Care.**—This branch of the work embraces many sections but perhaps one outstanding example is on the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child, say under four years, with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition and no case of tuberculous meningitis has arisen during the year in the children under our care.

The B.C.G. Vaccination campaign continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has been continued to a marked degree. Experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants and staff are particularly watchful in performing this protection in the case of contact babies born in the maternity hospitals in the area.

The number of successful vaccinations has increased from 279 in 1958 to 353 in the year under review., as follows :—

						<i>A.M.</i>	<i>A.F.</i>	<i>M.C.</i>	<i>F.C.</i>
Contacts	..	..	..	..	..	5	18	142	130
On behalf of local authority				..	..	—	—	10	6
Hospital in-patients			..	..	..	—	—	5	9
Hospital staffs	..	..	..	..	..	2	26	—	—
Total						7	44	157	145

Although the number of new cases of tuberculosis during 1959 was reduced the total contacts dealt with greatly increased. This is largely due to the efforts of health visitors in spreading the net rather wider on the important question of contact finding. Frequently where there is a case of pulmonary tuberculosis there are fairly constant neighbourly visits and an endeavour has been made to bring for examination children coming within this group.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the Chest Clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, whilst those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted. As in the previous year the Housing Committee has been very helpful indeed.

It has now been possible to absorb the chronic bronchitic patients into the routine sessions. The use of chemotherapy and other drugs has proved of great benefit to patients, although the problem of dealing with this class of case still remains.

A separate evening session is also held for cases in need of physiotherapy, breathing exercises and postural drainage. Sessions are held periodically by Mr. R. C. Barclay, F.R.C.S., part of which are devoted to the assessment of bronchiectatic cases suitable to surgery, as well as the follow-up of his operative cases in this area. This arrangement has been found to be very helpful in the assessment of difficult patients.

**After-Care.**—The Grimsby Tuberculosis Care Committee was formed in 1925, and from those early days, when its main expenditure was in the provision of extra nourishment to cases, it has kept abreast of the times until its activities are now many and varied. In dealing with the needs of patients close contact is maintained with the officers of the National Assistance Board to avoid duplication of help and yet at the same time enable both parties to grant the maximum of essential aid.

There has been no change in the general policy of the Committee during 1959

**Employment Conditions.**—Facilities for the sheltered employment of tuberculosis cases in this area do not exist. The present method of treatment of these cases enables a high percentage to return to their previous occupation and the need for sheltered employment is not particularly acute.

**Follow-up of Cases.**—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, on waiting list for institutional treatment, under chemotherapy, etc., is immediately re-visited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

### VENEREAL DISEASES.

The special out-patient clinic for venereal diseases at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee. The times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays, 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays, 10 a.m. and 4.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 210 Grimsby residents attended this clinic for the first time, the classification of these cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis.. ..	3	6	9
Gonorrhoea .. ..	39	11	50
Other conditions ..	130	21	151
	<hr/> 172	<hr/> 38	<hr/> 210

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors.



### PART III. LOCAL HEALTH SERVICES

#### CARE OF MOTHERS AND YOUNG CHILDREN

**Notification of Births.**—1,804 live births and 55 still births were notified as compared with 1,738 and 56 in 1958.

**Prematurity.**—Premature live births notified numbered 125, 17 less than in 1958.

Eighty-seven of these were born in hospital, 38 in their own home, and 88 per cent survived 28 days. The percentage of those surviving 28 days was (a) born in hospital-85, (b) born at home-97, and (c) born at home and nursed in hospital-83. The survival rate was rather higher than in 1958.

The following table shows the weight at birth and the number surviving:—

Weight at birth	Premature Live Births								
	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and transferred to hospital before 28th day		
	Total (1)	Died in 24 hrs. (2)	Survived 28 days. (3)	(1)	(2)	(3)	(1)	(2)	(3)
3-lb. 4-ozs. or less ...	7	1	1	1	1	—	1	—	1
Over 3-lb. 4-ozs. up to and including 4-lb. 6-ozs. ...	13	3	9	—	—	—	1	—	—
Over 4-lb. 6-ozs. up to and including 4-lb. 15-ozs. ...	22	1	20	3	—	3	4	—	4
Over 4-lb. 15-ozs. up to and including 5-lb. 8-ozs. ...	45	—	44	28	—	28	—	—	—
Totals	87	5	74	32	1	31	6	—	5

**Still births.**—Enquiries made into the 55 cases of stillbirths notified (18 of these being outward transfers) showed that 12 cases occurred at home, the rest in hospital. 38 cases were associated with prematurity and 23 cases were macerated.

Contributory causes were :—

Ante-partum haemorrhage	14	Post maturity	..	..	5
Placental insufficiency, etc.	3	Pre-eclamptic toxæmia	..	..	2
Congenital defects (anencephaly, hydrocephaly, spina bifida)	9	Rhesus negative	..	..	4
Cord abnormality	..	Maternal diabetes	..	..	1
Dystocia	..	Twin pregnancy	..	..	1
	2				

In 11 cases there was no known cause.

The following indicate the period of gestation and weight of foetus.

<i>Period of gestation</i>			<i>Weight of foetus</i>			
28 weeks	..	1	Under 3 lbs.	..	..	12
29	..	3	3 lbs. and under	4 lbs.	..	9
30	..	2	4 lbs. and under	5 lbs.	..	9
31	..	2	5 lbs. and under	6 lbs.	..	6
32	..	3	6 lbs. and under	7 lbs.	..	6
33	..	2	7 lbs. and under	8 lbs.	..	7
34	..	3	8 lbs. and under	9 lbs.	..	2
35	..	4	9 lbs. and under	10 lbs.	..	1
36	..	7	10 lbs. and under	11 lbs.	..	1
37	..	3	12 lbs. and under	13 lbs.	..	1
38	..	3	13 lbs. and under	14 lbs.	..	1
39	..	5				
40	..	10				
41	..	4				
43	..	2				
46	..	1				

Thirty three per cent of the total stillbirths notified occurred in first pregnancies, and 30.9 per cent were admitted to hospital as emergencies.

**Infant Welfare Centres.**—There was again an increase in the total number of attendances, both in children under 1 year and those between the age of 2 and 5, the total increase being 1,007 as compared with 178 in 1958. The actual number of children attending also increased by 263. It is probable that some of the increase is due to the greater use of the clinic now held weekly at Scartho and to a return to the usual routine of toddler clinics following the end of the poliomyelitis vaccination campaign.

The transfer of families to new housing estates has made little difference to the attendances at Hope Street Clinic, which is still very busy, but has increased attendances at Scartho. There has not, however, been any sign of a return to the old routine of weekly attendances and every effort is made to encourage the young mother to develop confidence in her ability to manage her infant. If the clinic fulfils its educational function satisfactorily, clinic attendances (except for periodic medical examination) should be limited with consequent increased time available for health teaching.

During this year we have been indebted to the Young Wives' Group attached to St. James' Church for their help in providing tea at Hope Street Clinic. An opportunity is given them for interchange of ideas and confidences and it is believed much has been done to build up the sense of parental responsibility and family unity so that a picture of health is portrayed as combined physical, mental and spiritual health.

Three sets of test feeding scales are available for mothers to use in their own homes and the use of the staff car for transport increases their availability. As usual, the health visitors follow up all breast feeding problems with intensive visits. Only in emergency are test feeds carried out at clinics. Test feeding scales were lent to 124 mothers, and in 71 cases breast feeding was successfully maintained.

**Mothercraft.**—The three classes held weekly have continued to be well attended. All mothers visiting the ante-natal clinics, irrespective of arrangements made for their confinements, are invited to attend the mothercraft classes and many are specially referred by the general practitioners booked for confinements. In a great many cases, however, attendances do not begin until the expectant mother ceases to go out to work, and it is considered that attendance is better to begin at an earlier stage of pregnancy.

The building up of morale as a result of the classes is very noticeable, as is the happy atmosphere. The help given by midwives in demonstrating the various apparatus used for analgesia is much appreciated, as also is their co-operation in sending cases for instruction. The old habit of the young mother rejoining the class to show off her baby to her old classmates continues and there is a general get together over the inevitable cup of tea whilst the baby is admired and experiences related. Attendances at mothercraft classes totalled 1,877 and there were 380 new cases.

The Parents' Club at Watkin Street is still running successfully but only attracting the already keen type of parent. The problem is how, in town life with its many other attractions and entertainments, to attract the uninterested parents. 1,052 attendances were made.

**Distribution of Milk.**—The new offices in Victoria Street have been in use since January, 1959.

**Ante-natal clinics.**—923 cases, including 898 new cases, made a total of 3,451 attendances. 2,703 of these were made at midwives' sessions and only 748 at medical officers' sessions. Very few women now fail to book a general practitioner obstetrician for their confinement, therefore the chief users of these clinics are women attending for blood tests to be made and those being seen as a routine by midwives.

Only 30 cases did not book a general practitioner obstetrician for confinement during 1959. The good relationship between general practitioner obstetricians and midwives continues.

**Post-natal clinics.**—Thirty six cases made 45 attendances. These cases are seen at the end of the ante-natal session.

**Infant Mortality.**—There was a slight reduction in the infant mortality rate from 25 in 1958 to 22 in 1959. Of the 41 deaths notified, 25 were neo-natal. 16 cases were over the age of a month at the time of death, the causes being—

Acute respiratory diseases	13	Acute myocardial failure	1
Disease of kidneys	1	Malignant disease	.. 1

Except for the months of January, October and November, there was no time of the year free from cases of virulent respiratory infection, and the months of February, April, May and June were notable for the incidence of such infections. In the majority of cases the illness did not last more than one or two days, and in some cases the disease caused sudden death before the mother was aware of the baby being ill.

**Neo-natal deaths.**—The neo-natal mortality rate was 13.4 as compared with 17.5 in 1958, a very welcome drop in incidence.

The 25 neo-natal deaths were due to

Prematurity .. ..	6	Acute intestinal obstruction ..	1
Congenital defects ..	9	Accidental death due to	
Atelectasis .. ..	6	precipitate labour and lack	
Acute respiratory		of attention at birth .. ..	1
infection .. ..	1		
Haemorrhagic condition	1		

Although prematurity was given as the cause in only 6 cases, it was a contributory cause in an additional 3 cases. There is no doubt that a considerable reduction has been made in the neo-natal mortality rate, but the mortality due to preventable diseases has been very serious.

**Maternal Mortality.**—There were two maternal deaths during 1959.

**Ophthalmic treatment.**—26 cases were referred from maternal and child welfare centres and received treatment.

**Ophthalmia Neonatorum.**—Three cases were notified and in no case was there any impairment of vision.

**Pemphigus Neonatorum.**—No case was reported during the year.

**Orthopaedic.**—74 cases were referred from maternal and child welfare centres for orthopaedic treatment, as compared with 97 the previous year.

**Child Minders.**—One person remained licenced under the Nurseries and Child Minders Regulations Act, 1948.

## DENTAL TREATMENT

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	228	228	228	160
Children under five	294	278	278	170

Forms of dental treatment provided :—

	Scalings and Gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	132	138	..	1	635	138	28	23	11
Children under five	94	17	6	..	583	256	..	..	..



## MIDWIFERY

Of the 756 domiciliary confinements, in only 30 cases was no general practitioner obstetrician booked, and in one of these a general practitioner obstetrician was called in and was present at the confinement. In only 82 of the 726 booked by general practitioner obstetricians was a general practitioner obstetrician present at the time of delivery—in other words in 89 per cent of the total cases the midwife acted as a midwife and not as a maternity nurse.

The actual number of domiciliary cases rose above the level of that in both 1957 and 1958 by about 5 per cent. The psychological value of a home confinement on the other members of the family is one of the reasons given by the expectant mother who has other children.

The number of domiciliary cases is adequate for the Part II training of pupil midwives provided the number of pupils does not exceed three per quarter. Seven pupil midwives completed their training on the district and confined 120 women. There was an increase in visits paid by midwives from 20,980 in 1958 to 22,897, viz :—

	<u>1958.</u>	<u>1959.</u>
Ante-natal visits	5,212	5,170
Nursings	14,600	16,589
Special	257	303
Ineffective	911	835
	<hr/>	<hr/>
	20,980	22,897
	<hr/>	<hr/>

The increase in nursings put considerable strain on the midwifery staff, already depleted by members off duty owing to sickness, etc., and the addition of 752 cases discharged from hospital for home nursing did not make life any easier.

The following figures show how the amount of nursing of patients discharged from hospital for home nursing has increased since 1957 :—

	<u>1957</u>	<u>1958</u>	<u>1959</u>
No. of cases transferred for home nursing.....	342	518	752

During the year it was not found possible to arrange for midwives who were over-burdened with night deliveries to have special relief. During one period of the year, only nine midwives were available instead of twelve (two midwives had long periods of absence from duty owing to illness, and there was the additional time allotted to post-graduate courses and holidays).

Whilst it was desired to give midwives all the assistance possible when they were overstressed with night deliveries it was found impossible to come to any set arrangement for relief. With a total of twelve midwives working, it is hoped that midwives who are out all night will be relieved from nursings the following day so that they may make up lost hours of sleep.

Breast feeding was fully maintained for 14 days in 86 per cent of the total domiciliary cases.

Analgesia was given to the majority of cases in one form or another, although in 137 cases no inhalation analgesia was given for the following reasons—

Born before arrival ..	38	Refused by patient ..	22
No time .. ..	30	Not necessary .. ..	20
No medical certificate	13	Medical grounds .. ..	14
Pethidine or Pethilorfan was administered to 42 cases			
Gas and air		122	
Pethidine and Gas and air		149	
Trilene		172	
Trilene and Pethidine		164	

In a few cases patients received both gas and air and Trilene.

Medical aid was called in by midwives to 83 cases, as follows :—

	<i>Midwifery cases</i>	<i>Maternity cases</i>	<i>Hospital discharges</i>
Ante-natally .....	—	7	—
In labour .....	1	14	—
Puerperium .....	6	20	4
Baby .....	2	22	7
	—	—	—
Totals .....	9	63	11
	—	—	—

## HEALTH VISITING

Mrs. Storey joined the staff in May after gaining her health visitors certificate the previous month.

The shortage of health visitors is particularly felt when intensive visiting is required for problem families. The use of the staff car has been a great help in covering out-lying districts, but until all the health visitors have transport it is impossible to cover the districts as one would like to. Only selective visiting is possible with the present staff shortage.

The total number of visits to children under 2 years of age was 20,601 as compared with 20,051 in 1958. In addition 3,739 ineffective visits were made.

**Problem families.**—Concentration on the pre-problem families seems to be much more effective than on the actual problem families. Intensive visiting, advice on budgeting, provision of training, home helps and assistance with household equipment have all been undertaken during the past year. In two cases, a home help was provided for training purposes. What actually constitutes a problem family seems to be regarded differently by departments and the entity of physical, mental and spiritual health is not generally regarded as the thing of most importance. Physical health may be satisfactory, but to leave a child in a home where there is insecurity and bad moral atmosphere is not likely to lead to the development of a good citizen. The modern idea of never separating a child from its parents has been carried to limits totally unthought of by its originator.

Physical cruelty is quickly punishable—mental cruelty seems to be ignored until actual physical violence can be proven. Ignorance, maternal indifference and ill-health soon affect a child's well-being, but when debts, drink and a desire for a good time combine with the other factors, the outlook for the children is grim.

## HOME NURSING

The staff position in this Service at the end of the year was :—

### Whole-time

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 1 Assistant Superintendent (S.R.N., S.C.M., Q.N.)
- 3 Queen's Nurses (including two males)
- 7 State Registered Nurses
- 3 Enrolled Assistant Nurses

### Part-time

- 1 State Registered Nurse.

During the year the Assistant Superintendent attended a Residential Study Course for Nursing Administrators arranged by the Queen's Institute of District Nursing, and an enrolled assistant nurse a refresher course of the Royal College of Nursing. The arrangement whereby student nurses from the local hospitals are shewn the work of this Service, was continued.

A second "Easi-cari" hoist was acquired to assist with the nursing of a heavy patient on the district and has been of considerable help to the staff.

It is noteworthy that the Home Nursing Service often undertakes duties not strictly concerned with nursing but aimed towards the welfare of their patients. Each Christmas the staff puts in a lot of hard work in raising funds in order to give a good practical gift to the most needy of their patients. In addition to this, three nurses attended the Queen's Centenary Review at Buckingham Palace ; the Superintendent was presented with the Long Service Badge in recognition of her 21 years service in connection with the Queen's Institute of District Nursing ; and the nurses raised the sum of £317 for the Queen's Institute Centenary Appeal—£67 more than the target at which they aimed.

The following table shows the work done :—

Cases being nursed on 1st January .. ..	235
New cases nursed during the year;—	
Adults .. .. .	805
Children 5 to 15 years of age ..	11
Children under 5 years of age ..	9
	825
Total .. .. .	1,060

The figures given below show the total cases and the number of visits compared with the two previous years:—

Year	New Cases	Total Cases	Visits
1957	909	1,156	38,029
1958	936	1,198	39,411
1959	825	1,060	33,183

### Summary of New cases nursed

#### ADULTS

#### Notifiable diseases:—

Tuberculosis .. .. .	21
Pneumonia .. .. .	6
Others .. .. .	4

#### Maternal:—

Post-Natal pyrexia .. .. .	16
Miscarriage .. .. .	3
Others .. .. .	25





The number of children fully protected in the age group 0-15 years represents 83 per cent of the child population as compared with 82 last year. This rate of immunity is quite good when one considers that in 1950 the number of children immunised was 58.2%. Twenty years ago there were 87 notifications of diphtheria recorded in one year, but the last case of diphtheria reported in Grimsby occurred in 1953. The following shows the immunisation state for the past five years :—

YEAR	PRIMARY IMMUNISATION			PERCENTAGE IMMUNISED
	Under 5 yrs.	5-15 yrs.	Total	
1955 .. ..	962	337	1299	78
1956 .. ..	1168	251	1419	80
1957 .. ..	1112	135	1247	81
1958 .. ..	1204	268	1472	82
1959 .. ..	1227	309	1536	83

Reinforcing injections were given to 1,972 children, of which 112 were done by general medical practitioners.

**Whooping cough immunisation.**—The number of children who received a primary course of immunisation against whooping cough was 1,249, compared with 1,191 the previous year. Although the general medical practitioners had been immunising young children against whooping cough for some time it was not until November, 1955 that this service was available in the local authority's clinics. In the main this was done by the use of triple antigen against diphtheria, whooping cough and tetanus. The figures for the last five years are :—

YEAR	NUMBER IMMUNISED			
1955 .. ..	..	..	..	395
1956 .. ..	..	..	..	1160
1957 .. ..	..	..	..	1094
1958 .. ..	..	..	..	1191
1959 .. ..	..	..	..	1249

There has been a decline in the number of notifications of whooping cough. The average number received ten years ago was over 500, whereas for the last three years it has been 140.

**Smallpox vaccination.**—The total number of primary vaccinations was 760, compared with 813 the previous year. Details of the number of vaccinations over the past five years are as follows :—

YEAR	PRIMARY VACCINATIONS					RE-VAC- CINATIONS.
	AGE PERIOD				Total	
	Under 1	1-4	5-14	Adults		All Ages
1955 ..	308	114	24	80	526	114
1956 ..	339	81	14	71	505	136
1957 ..	426	123	32	103	684	257
1958 ..	402	247	68	96	813	279
1959 ..	501	158	24	77	760	119

The percentage of children under the age of one year who were vaccinated in relation to the registered live births was 26, compared with 22 for 1958.

**Poliomyelitis vaccination.**—Nearly 40,000 injections against poliomyelitis were given in Grimsby this year. The inclusion of the fifteen to twenty-five year age group proved to be difficult because of their indifference and the fact that they were scattered about the town in various occupations and consequently difficult to contact. Early in the year steps were taken to carry out an intensive publicity campaign and this was achieved by local press advertising ; large and small posters were placed in public buildings, shops and offices ; car streamers ; handout leaflets ; wage packet slips and also the use of gramophone records in dance halls, youth clubs, etc. As a result evening sessions were commenced on Wednesdays at the School Clinic in Burgess Street on the 15th April and these weekly open sessions continued until July. At the peak of the campaign as many as 900 young persons were dealt with each evening, and in addition sessions were arranged at local factories and offices employing large numbers of young people.

By the end of the year approximately 7,000 young people and 5,000 children had received two injections. The percentage immunised of the child population now stands at 75 and over half of the young adults have been immunised. The following table shows the position in regard to the poliomyelitis vaccination scheme since its inauguration in 1956 :—

<i>Age at date of completed primary injection</i>	1956	1957	1958	1959	Total
Under 1 year	—	—	85	133	4,811
1—2 years	—	—	834	925	
2—3 years	16	6	859	421	
3—4 years	56	73	863	375	
4—5 years	44	107	735	310	
5—6 years	84	122	673	309	13,578
6—7 years	74	244	630	283	
7—8 years	84	650	502	312	
8—9 years	91	703	297	267	
9—10 years	94	796	256	235	
10—11 years	—	764	284	244	857
11—12 years	—	—	305	228	
12—13 years	—	—	1,207	296	
13—14 years	—	—	973	227	
14—15 years	—	—	1,045	96	
15—16 years	—	—	857	172	
Totals	543	3,465	10,405	4,833	19,246
Young Persons	—	—	478	7,184	8,721
Expectant Mothers	—	—	220	191	
Other Adults	—	—	374	274	
Grand Totals	543	3,465	11,477	12,482	27,967
No of persons given third injections	—	—	3,134	14,016	17,150

**Yellow fever vaccination.**—In June a circular was received from the Ministry of Health asking whether the Grimsby County Borough Council would be prepared to provide a yellow fever vaccination service in Grimsby for the purpose of inoculating persons proceeding abroad. The Council agreed to provide this service, but the Ministry later informed the Council that they did not propose to establish a centre in Grimsby. For many years the nearest yellow fever vaccination centre has been at Hull, but it is now proposed that another centre will be established at Lincoln.

## AMBULANCE SERVICE.

The returns for this service show that the number of patients carried and the mileage covered by the vehicles have continued to rise. In previous years, although patients and mileage continued to increase, the number of journeys undertaken steadily began to decline. This year, in spite of various methods applied to keep dead mileage down to the minimum, the number of journeys has also increased, due almost entirely to the upward movement in the number of patients using the service. Year after year this number has surpassed that previously recorded and unless some levelling out takes place in the near future its influence will be felt on the operational strength of the service and additions to the staff will be inevitable.

During the year 23,940 calls were received. 99 of these originated in places outside the borough and were transmitted to the appropriate authority. 30,411 patients were transported and 145,318 miles covered by the vehicles. Rail transport accounted for 65 journeys as compared with 52 last year. Of the number of patients carried 2,450 were accident or other type of emergency cases.

The success achieved by the use of the telephone to re-route vehicles has again governed the movement of empty vehicles. At the same time consideration must be given to the assistance rendered by the hospitals in maintaining full loads on the outward journeys. The good relations established with general medical practitioners remains cordial and any doubt prevailing with regard to the form of transport suggested for their patients dispelled. Closer co-operation with local hospitals has reduced calls made upon the service, especially at week-ends when operational strength is at its lowest. Few opportunities occur to discuss methods and timing of transport with those responsible at specialist hospitals, distance and availability hinder progress, but as some authority succeeds in gaining a point the arrangement is usually conceded to all.

The service is now completely equipped with a fleet of modern vehicles, mechanically sound and in good condition. Some of the earlier purchases are beginning to show signs of wear but these will soon be due for replacement. During the year one of the larger cars was sold and a smaller car acquired. In reaching a decision to purchase a smaller car regard was shown for the class of work required of the vehicle. Many of the longer journeys undertaken by the larger cars carried few (even single) patients and it was felt that the same work could be accomplished by a smaller car without detriment to the patient and be more economical to operate.

The number of staff employed by the service remains as previously shown, although some changes have taken place. These were owing to the unexpected resignation of three members of the operational staff in favour of more remunerative employment, while yet another driver had to be retired for health reasons. Added to this confusion was the highest sick rate yet experienced, causing considerable disorganisation and making it necessary for extra overtime to be worked to keep pace with the ever increasing pressure being put on the service. Despite this prolonged disturbance all calls were met and satisfactorily discharged. The task performed under these most difficult circumstances deserves commendation.

For the fourth year in succession a team from the service competed in the National Competition for Ambulance Services. On this occasion, however, they lost possession of the National Trophy, so deservedly won the previous year. Nevertheless, they gave a good performance and were by no means disheartened but grimly determined to regain possession at a future event. Unfortunately, both members of the team are among those who have left the service.



Statistical tables are given below, the figures in brackets correspond with the previous year :—

CALLS.				JOURNEYS IN DISTANCES			
Accidents .. ..	1,360	(1,241)		Under 50 miles	6,645	(6,406)	
Other emergency ..	894	(942)		50-100 miles ..	257	(306)	
Removals .. ..	21,255	(19,333)		Over 100 miles	171	(144)	
Miscellaneous ..	431	(416)					
Total .. ..	23,940	(21,932)					

## OPERATIONAL

<i>Type of Case</i>	<i>Patients</i>		<i>Journeys</i>	
Accidents ..	1,519	(1,344)	1,349	(1,241)
Other emergency	931	(997)	894	(942)
Removals (Local)	26,630	(24,528)	4,026	(3,851)
Removals (Others)	1,050	(945)	466	(481)
Miscellaneous ..	281	(245)	338	(341)
Totals .. ..	30,411	(28,059)	7,073	(6,856)

## ANALYSIS OF ALL JOURNEYS

<i>Type</i>	<i>Patients</i>		<i>Journeys</i>		<i>Mileage</i>	
EMERGENCY						
Ambulances	1,608	(1,630)	1,439	(1,511)	7,712	(8,112)
Sitting Case Cars	842	(711)	804	(683)	4,914	(4,201)
GENERAL						
Ambulances	17,574	(14,652)	2,732	(2,457)	70,522	(59,128)
Sitting Case Cars	10,387	(11,066)	1,993	(2,088)	56,171	(60,980)
ABORTIVE AND SERVICE						
Ambulances	—	(—)	108	(111)	874	(994)
Sitting Case Cars	—	(—)	180	(232)	2,921	(3,014)
CIVIL DEFENCE						
Sitting Case Cars	—	(—)	84	(161)	2,204	(3,014)
Totals ..	30,411	(28,059)	7,340	(7,243)	145,318	(140,602)
BY RAIL						
	66	(53)	65	(52)	8,898	(8,197)

## VEHICLE STATISTICS

	MILES		PETROL (GALLS.)		M.P.G.	
Ambulances	62,841	(61,287)	5,135	(4,708)	12.24	(13.02)
Dual Purpose Vehicles	55,435	(49,561)	2,702	(2,362)	20.52	(20.98)
Sitting Case Cars	27,042	(29,754)	1,440	(1,699)	18.7	(17.51)

## AVERAGES

Mileage per patient ..	4.78	(5.01)
Mileage per journey ..	19.80	(19.41)

## OTHER AUTHORITY CASES

## CHARGEABLE

## NOT CHARGEABLE

Patients carried	34	(13)	Patients carried	44	(11)
Miles travelled	519	(199)	Miles travelled	2,010	(555)

## OTHER CHARGEABLE MILEAGE

CIVIL DEFENCE 2,204 (4,173)

MISCELLANEOUS 827 (458)

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

During the year the social worker saw 153 new patients and continued case work for a further 716. The number of patients seen in hospitals was 7 ; interviews in the Health Department totalled 190, and 638 home visits were made. The number of home visits shows an increase on the previous year.

Patients were referred by general practitioners, hospital specialists, health visitors, district nurses and hospital almoners, etc. Observant shop-keepers have referred customers who seemed in need of assistance, and in some cases patients have made personal application, having heard of the service through a friend or neighbour.

The social worker's help was sought in personal, family, and environmental problems where these were having a detrimental effect on the health of the individual or family concerned. Some patients required material help involving settlement of debts or assistance with fares to visit distant hospitals. Others required after-care treatment, e.g., convalescence or a recuperative holiday, or information about what to do to obtain financial benefits and other services (of which there is a confusing number) available to them. Still others required the support of the social worker during a time of stress and strain.

Illness and disablement often complicate people's lives and it is important that close co-operation be maintained between the social worker, the patients' doctors, and the statutory and voluntary associations at the disposal of the patients. Early referrals are very important as, in this way, a great deal of preventive work may be done.

**Central Care Council.**—The General Care Committee of this Council dealt with 42 persons or families during the year. One of these was helped with the settlement of debts and with fares, and two were assisted by the Committee and by regimental funds, otherwise the type of help given was similar to that in previous years.

The National Society for Cancer Relief continued to make weekly grants for extra nourishment to three patients, two of whom died during the year.

**B.C.G. Vaccination.**—Detailed information on this year's work may be seen in the School Health section of this report, but the following shows the number of persons vaccinated during the past five years :—

YEAR			CONTACT SCHEME	SCHOOL CHILDREN SCHEME
1955	..	..	137	297
1956	..	..	168	400
1957	..	..	251	408
1958	..	..	225	456
1959	..	..	294	573

### DOMESTIC HELP

As in previous years this service has shown an increase in the aggregate number of cases attended, this being 613 against 575 in 1958. There has also been a considerable increase in the number of cases attended weekly, the average being 353 compared with 319 in the previous year. The type of cases dealt with are aged and infirm, chronic sick, tuberculous, blind, maternity and emergency, these being referred by general practitioners, hospitals, health visitors, midwives, district nurses, staffs of the Welfare Services Department and National Assistance Board, and voluntary organisations. The maternity cases have slightly exceeded those dealt with last year, but again part-time help has been more in demand because of the cost of the service.

During the past year there has been very close liaison with the health visitors on problem families. These cases are very difficult and extreme care has to be taken with regard to the type of home help allocated.

Facilities have now been provided to include a laundry service whereby home helps undertake the washing of soiled linen in such cases where conditions at the homes of patients are inadequate. The demand for this service has not been as great as was at first anticipated and during the nine months it has been in operation 250 $\frac{1}{4}$  working hours have been allocated.

The following relates to the working of the scheme :—

#### Administrative staff on 31st December, 1959:—

Organiser .. .. .	1	} 2.60
Clerks (full-time 1, part-time 1) .. .. .	2	

#### Home Helps employed at 31st December, 1959:—

Whole time .. .. .	6	} 114
Part time .. .. .	108	

#### Cases assisted:—

Maternity (including expectant mothers) .. .. .	84	} 613
Tuberculous .. .. .	2	
Chronic sick, aged and infirm .. .. .	483	
Others .. .. .	44	

The following figures show the amount of service given in a representative week, when 387 cases were dealt with :—

- 10 patients received 2 hours but less than 3 hours on any one day.
- 212 patients received 3 hours but less than 4 hours on any one day.
- 72 patients received 4 hours but less than 5 hours on any one day.
- 1 patient received 5 hours on any one day.

The remaining 88 received 2 or more  $\frac{1}{2}$  days per week and included in this figure are 20 patients where a home help called for approximately 1 hour daily. Three full-time confinement cases and one part-time confinement case were dealt with in this particular week.

**Payment for Service.**—Of the 613 cases assisted, the charges were distributed in the following way :—

	Free of cost	Part cost	Full cost
Maternity ... .. .	1	47	36
Tuberculosis ... .. .	2	—	—
Chronic sick, aged and infirm ... .. .	371	105	7
Others ... .. .	13	16	15
Total ... .. .	387	168	58



The standard charge remained at 4s. 0d. an hour and there was no alteration in the supervision and conditions of service of home helps.

### **"Sitters-up" Service.**

A number of applications were received but these could not be dealt with owing to the inability of obtaining persons for this service. In two extremely urgent cases where a home help was already attending during the day the home helps volunteered to give the service at night.

## **MENTAL HEALTH**

**Administration.**—The Mental Health Sub-Committee consists of 16 members, five of whom are co-opted. The senior mental health officer and two male officers act as duly authorised officers : the former is responsible to the medical officer of health for the service provided by this section. These three officers, assisted by two female mental health workers, carry out the visiting for all types of patients. The three female officers have social science diplomas and the two males have attended courses at a Northern University. There was a vacancy for one junior mental health worker at the end of the year.

Case histories are provided on behalf of certain patients attending psychiatric clinics held at the Scartho Road Hospital.

The supervisor of the Occupation Centre and the assistant in charge of the nursery section hold the diploma of the National Association for Mental Health and a junior assistant has been seconded for this course during the next academic year. Two other assistants were formerly employed as supply teachers and, together with two part-time workers (a male and a female), complete the teaching staff of the Centre.

The provision of psychiatric services has continued during the year. Three sessions are held weekly and the consultant psychiatrist is available to pay domiciliary visits in the town when these are needed. Provision is being made for the expansion of this service by the appointment of an additional psychiatrist.

Mentally defective patients are escorted to and from hospital and reports on home conditions are provided, as required. Provision of short stay care during the summer holiday period has expanded, but occasionally there is an urgent need for similar provision at other times of the year.

The greater number of the children attending the Occupation Centre are transported in two buses, one of which collects them from the Cleethorpe district, adding the Grimsby children who live en route to the Centre. Several children attending from the surrounding Lindsey County Council area are brought by minibus.

There is no voluntary association for mental health in the borough, but very close co-operation with the local branch of the National Society for Mentally Handicapped Children has developed. A boys' club, started by the Society jointly with the officers of the authority, has proved most successful and has been supplemented by a club for girls. These clubs cater for a different group of children from the club run by the local authority staff, which provides mainly for girls in employment.

One of the duly authorised officers continues to act as instructor to a special woodwork class held at the Occupation Centre.

**Account of work undertaken in the Community.**—Under Section 28 of the National Health Service Act, 1946, visits are paid to all patients as required. The greater number of patients are referred by family doctors and relatives, but officers of the welfare, police, probation and N.S.P.C.C. Services, and members of the Council have also referred cases. Psychiatric treatment is available where necessary without long delay.

The close co-operation established with officers of the National Assistance Board and the Ministry of Labour has continued with mutual benefit.

**Lunacy and Mental Treatment Acts, 1890 to 1930.**—The three duly authorised officers are responsible for any urgent action under the Lunacy Acts at whatever hour this may be required.

The junior mental health workers, together with the duly authorised officers, share with the visiting of patients in their homes, escorting females to hospital, again visiting them after discharge and assisting to re-establish them in the community.

The following shows the number of admissions to Bracebridge Heath Hospital and two other hospitals during the year :—

						Male	Female	Total
Voluntary	..	..	..	..	..	3	3	6
Informal	..	..	..	..	..	1	5	6
Certified	..	..	..	..	..	16	23	39
Section 20	..	..	..	..	..	16	9	25
Section 21	..	..	..	..	..	22	18	40
						<hr/> 58	<hr/> 58	<hr/> 116

Included in these 116 admissions are 7 re-admissions during the year. Of the patients admitted under Order, 13 males and 11 females were regraded to voluntary status, and 2 males and 3 females to informal status.

Cases have been dealt with by the duly authorised officers as follows :—  
Senior Mental Health Worker—6, plus 28 calls with no action taken under Lunacy Acts.

Mr. Rackham—32, plus 38 calls with no action taken under Lunacy Acts.

Mr. MacKenzie—69, plus 47 calls with no action taken under Lunacy Acts.

The Ambulance Service was required on 105 occasions.

#### **Psychiatric Unit, Scartho Road Hospital :—**

##### *Out Patient Department*

New Patients	..	..	..	..	..	..	335
Old Patients (non E.C.T.)	..	..	..	..	..	..	854
Out Patients (E.C.T.)	..	..	..	..	..	..	339
Total out-patients	..	..	..	..	..	..	<hr/> 1,528

*E.C.T.*

In-Patients	..	..	..	..	..	..	..	876
Out-Patients	..	..	..	..	..	..	..	339
Total								1,215

*In-Patients*

					Male	Female	Total
Admissions	..	..	..	..	106	138	244
Discharges	..	..	..	..	111	143	254

*Note*—Admissions since the Unit was opened in June, 1957 to the 18th January, 1960 — 538 ; of these, 57 (10.6%) were re-admissions.

**Number of Out-Patients Clinics (weekly) :—**

E.C.T.	..	..	2
New	..	..	1
Old (Non E.C.T.)	..	..	2

**Number of Out-Patient Clubs.**—2 (one of these is for the more intelligent and better integrated patients and the other is for the more disturbed patients).

**Mental Deficiency Acts, 1913 — 1938.**—The majority of patients are referred by the School Health and Maternal and Child Welfare Services, the remainder by medical practitioners, the children's officer and relatives.

The Mental Health staff assist the approved medical officer in the completion of the ascertainment form on behalf of school children by providing any useful information they may have about the family. School children reported for supervision on leaving school are visited by mental health workers.

The number of patients in the borough under guardianship has been further reduced. Orders on behalf of 3 patients have been discontinued and no new patients have been placed under Order during the year.

Treatment was provided for 9 patients by the School Dental Service.

The number of cases remaining on the register at the end of the year was :—

		M	F	T
(a)	In institutions			
	(Under 16 years of age)	13	8	21
	(Aged 16 years and over)	88	81	169
(b)	Under Guardianship			
	(Under 16 years of age)	—	—	—
	(Aged 16 years and over)	11	18	29
(c)	Under Statutory Supervision			
	(Under 16 years of age)	16	23	39
	(Aged 16 years and over)	138	135	273
(d)	Under Voluntary Supervision			
	(Under 16 years of age)	—	—	—
	(Aged 16 years and over)	6	18	24
		272	283	555

**Girls' Club.**—The Girls' Club functions under the leadership of two female mental health workers and these two officers run the Club one evening each week from 4 to 8 p.m. Table tennis was added to the activities during the year and a new innovation was a Christmas mime written by the club leaders and performed by all regular attenders before an audience of Committee members, parents and friends. The Club outing was a great success and the girls were able to include an old member who had been admitted to hospital during the year.

**Occupation Centre.**—There are 41 children, including 3 part-time, in attendance at the Occupation Centre, in addition to 21 from the area of the Lindsey County Council. The usual Centre subjects are taught, with wood-work and gardening as additional subjects for the boys. Several of the older girls are able to use the electric sewing machine and the knitting machine.



## PART IV.—SANITARY CIRCUMSTANCES.

Harold Parkinson, Chief Public Health Inspector, is responsible for this section of the report.

**Staff.**—Vacancies on the inspectorial staff were reduced during the late summer by the appointment of two recently qualified inspectors. At the end of the year five qualified inspectors were still needed.

**Water Supply.**—Regular tests of the public supply provided by the North East Lincolnshire Water Board proved the continued purity of the supply. The adequacy of the supply to existing properties in the town was never in question during the year.

**Rivers, streams and ponds.**—Representatives from the Lincolnshire River Board, Grimsby Rural District Council and the Town Council met on the site at the New Cut, Pyewipe, to discuss proposals for dealing with this very offensive dyke. After considering the long term proposals of the Grimsby County Borough Council for construction of sewers essential for the industrial development of land within the Rural District Council area, it was decided that the most satisfactory method would be for the stinking effluents from the adjacent fish meal works to be diverted into the proposed sewer—but for the present little could be attempted to alleviate the nausea caused to the many workers passing along the public highway to the other factories on the Humber Bank.

**Sewerage and drainage.**—As the present development of the outlying parts of Fairfield for residential purposes extends, it will be possible for the few remaining premises with only cesspools to be connected to the new sewers.

**Public Cleansing.**—The Cleansing Superintendent (Mr. E. Austin) reports that after salvaging 2080 tons 8 cwt. of various materials (realising £19,856 6s. 7d.), 28,399 tons 12 cwt. of refuse were tipped on the site off Yarborough Road.

1692 new ashbins were supplied to houses under the scheme which came into operation in 1950 (Public Health Act 1936—Section 75 (3) ).

During the summer bitter complaints about extensive fly infestations were received from residents of new council houses on the Yarborough Estate which adjoined the Council's refuse tip. It was necessary for the Public Health Sub-Committee and the Housing Committee to make strong representations to the Cleansing Committee about the urgent necessity of taking immediate measures to abate the nuisances and prevent trouble in the future.

### Sanitary Inspections

Accumulations .. ..	124	Animals .. ..	25
Ashbins .. ..	7	Caravans .. ..	51
Complaints received and investigated .. ..	2,051	Dirty and verminous houses and persons .. ..	27
Drain tests .. ..	51	Drainage .. ..	3,939
Infectious disease enquiries	3,823	Factories and outworkers	60
Offensive smells .. ..	162	Lodging houses .. ..	7
Offensive trades .. ..	29	Miscellaneous matters .. ..	1,196
Piggeries and stables .. ..	18	Passages and yards .. ..	124
Rooms disinfected after infectious disease .. ..	56	Rats and mice .. ..	43
Water supply .. ..	58	Smoke observations .. ..	148



**Housing.**

Houses, defects and nuisances (Public Health Act) .. .. .	3,258
Houses (Housing Act) .. .. .	1,093
Overcrowding (Housing Act) .. .. .	18

**Notices.**

Informal notices served .. .. .	736
Statutory notices served .. .. .	379

(371 Public Health Act, 8 Grimsby Corporation Act.)

Work in default was carried out by the Corporation at the cost of the owners in respect of 45 notices.

**Abatement Orders.**—For failing to comply with an abatement order made by the justices an owner was fined £1, and a Nuisance Order was granted relating to another house.

Defects remedied and nuisances abated included :—

Accumulations cleared .. .. .	26	Animal etc. (nuisances abated)	8
Chimney repairs .. .. .	45	Doors and frames renewed or repaired .. .. .	143
Drains cleared .. .. .	1,327	Drain repairs .. .. .	86
(involving 3,736 houses)		Eavesgutters new and re-paired .. .. .	139
Drain and inspection chambers (new) .. .. .	14	Fireplace and range repairs .. .. .	79
Floor repairs or renewals .. .. .	161	Offensive smells abated .. .. .	11
Rainwater pipe repairs and renewals .. .. .	45	Plaster repairs .. .. .	245
Stairway repairs .. .. .	4	Roof repairs .. .. .	145
Wash boiler repairs and renewals .. .. .	8	Sink and pipe repairs .. .. .	12
Window repairs .. .. .	171	Wall repairs .. .. .	66
Yard and paths repaired and repaved .. .. .	48	Water closet repairs .. .. .	180
		Water pipes and taps repaired .. .. .	58
		Yard walls and gates repaired .. .. .	8

**Persons needing care and attention.**—Following investigations by Public Health Inspectors it was necessary to notify the Medical Officer of Health about persons who appeared to come within the provisions of Section 47 of the National Assistance Act, 1948.

Short Orders were granted for the removal of two women and two men to hospital after application to the local Magistrates Court.

**Offensive trades.**—

Tripe dresser .. .. .	1
Fish meal maker .. .. .	1
Fat melters .. .. .	2
Fish curers .. .. .	7
Hide and skin dealers .. .. .	2
Gut scraper .. .. .	1
Rag and bone dealers .. .. .	4

**Fish curers.**—Following the enforcement of notices by the Town Council certain fish curers found new premises on the dock area or retired from business. Some merchants ceased smoking fish but continued processing fresh fish (which is not an offensive trade) on the same premises. Three persons continued to smoke fish in existing premises (after receiving extended permission from the Council) until their new premises were completed on the new Corporation site.

**Fish and offal transport.**—With notable exceptions, most of the road vehicles caused little trouble from discharging offensive liquid on the street surfaces. Written warnings were sent to some offenders, but proceedings were taken before the magistrates when fines were imposed on the firms and employees who had been before the Court for similar contraventions.

Again, the local police have helped in this work by reporting offenders.

**Pest control and eradication of vermin.**—No major rat or mice infestation was reported or discovered. When rats were found to be gaining access to premises smoke tests were applied to the house drainage systems and often defects were discovered ; after remedying the defects the adjoining drainage systems and sewers were baited.

The Corporation disinfectors, by using D.D.T. solutions, dealt successfully with :—

11 infestations of bugs	(including 4 Council houses)
11 infestations of fleas	(including 2 Council houses)
29 infestations of beetles	(including 3 Council houses)
30 infestations of woodworm	(including 14 Council houses)
14 infestations of red mite	(including 11 Council houses)
5 infestations of earwigs	(all Council houses)
5 infestations of spiders mite	(all Council houses)
3 infestations of flies	
1 infestation of wood lice	
1 infestation of weevils	
5 infestations of ants	
3 infestations of silver fish	

**Cleansing of persons.**—With the continued delay in adapting the Dudley Street premises as a clinic, it was not possible to construct a cleansing station in the present Burgess Street School Clinic. On the few occasions it was necessary to cleanse lousy men the improvised arrangements made in recent years were again used—with the customary shortcomings and inconvenience.

**Atmospheric pollution.**—An examination of the following summary of analytical findings shows the degree of pollution which occurs in the town centre and how free from pollution the air is at Bradley Woods on the windward side of the town.

	<i>Lowest amount of monthly deposit</i>	<i>Highest amount of monthly deposit</i>	<i>Average monthly deposit</i>
Hainton Square	4.03	17.25	10.48
Bradley Woods	2.55	7.54	4.74

**Clean Air Act.**—Apart from the fitting of approved fireplaces in all new houses to comply with the requirements of the Building Byelaws, little progress has been made in the establishment of Smoke Control Areas. This state of affairs was entirely due to the lack of qualified staff.

Following representations made by the Council direct to the Minister of Health about the serious nuisances caused by the emission of dense smoke from the chimneys at Scartho Hospital, arrangements were made for new boilers to be installed and it is expected that the new plant will be in operation in 1960.

The nuisance from grit from a factory in the centre of the town continued and the Council authorised court proceedings to be instituted against the firm.

Observations of motor vehicles on the streets of the town resulted in 35 written notices being sent to the owners about the dense emissions of smoke and fumes from the exhaust pipes.

### **Offensive fumes.—**

*Fish meal works.*—Unfortunately the claims made publicly that with the installation and working of the new plant in the recently built factory in the rural district—nuisances from fumes would be eliminated proved to be too optimistic.

The one factory situated in the county borough was only used at peak periods.

*Fish frying.*—Experiments to eliminate fumes continued at a large food factory, situated amongst dwellings, with a reasonable measure of success.

*Alkali Works.*—Complaints received from residents in Grimsby about offensive smells emanating from the factories on the Humber Bank in the Grimsby Rural District were referred to H. M. Inspector of Alkali &c. Works (stationed at Sheffield) as the officer responsible for the supervision of these industries.

**Fairground.**—The Cromwell Road Cattle Market paddock was again used as a ground for the statute fair. Councillors received the usual complaints from nearby residents about noise from the roundabouts continuing until late hours of each night of the fair.

**Swimming Baths.**—Samples taken during the season from the public baths at Orwell Street and the school bath at Eleanor Street proved to be satisfactory.

The water used was drawn from the public supply, each bath has a continuous filtering system. In addition the bath at Orwell Street was completely emptied and cleansed twice a season and 10,000 gallons of fresh compensatory water added weekly. The Eleanor Street bath, which is half the size of Orwell Street, was emptied and cleansed at the end of each season, and about 2,000 gallons of fresh compensatory water were added weekly.

Work on the plans etc. for the new baths in Scartho Road continued in the Borough Engineer's Department during the year.

**Factories Act.**—See statistical report (Table 11 on pages 64-65).

**Places of Entertainment.**—Apart from minor defects the premises were found to be satisfactory.

**Rag Flock and other Filling Materials Act and Regulations.**—The number of premises registered for use of filling materials was 4.

**Shops Act.**—Many food shops were visited under the Food Hygiene Regulations and during the inspections the requirements of the Shops Act received attention. Plans for new shops were examined before submission to the Planning Committee and arrangements made for any deficiencies to be remedied.

**Disposal of the dead.**—When it was proposed to change a former cemetery, in Ainslie Street, into a small public park an informal approach was received for arrangements to be made for the exhumation of certain human remains for burial elsewhere, but the application was not pursued.

The number of cremations increased by 121 (409 Grimsby residents and 666 from other districts).

## PART V.—HOUSING.

The Chief Public Health Inspector has prepared this section of the report :—

**New houses** completed in 1959 — 385.

**Demolitions.**—192 houses. The majority were in Redevelopment Areas—although the site cleared in Redhill provided a much needed car park in the busy centre of the town.

### HOUSING ACTS.

**Slum clearance.**—Two compulsory purchase orders were made, which included :—

Albion Street Clearance Area	..	14 houses — 50 persons
Bath Street Clearance Area	..	10 houses — 33 persons
Hilda Street Clearance Area	..	59 houses —196 persons

Demolition orders were made for the following individual unfit houses :—

136, 138, 1 Bk. 57, 2 Bk. 61 Albert Street  
2 and 3 back 92 Strand Street.

Court proceedings were taken against a person for occupying an unfit house. He bought and occupied the house in spite of being warned beforehand that the house was subject to a Closing Order.

**Caravans.**—Permission is required from the Town Council before it is lawful to use a caravan for living purposes in Grimsby (Grimsby Corporation Act). Active measures had to be taken throughout the summer to prevent encampments of gypsies being established on vacant land within the boundaries of the town. Ironically, all sites selected by the caravan dwellers were owned by the Corporation — probably this fact reduced the legal difficulties involved in clearing the sites.

By adhering firmly to a definite policy over the years there is no caravan problem now in Grimsby.

**Common lodging houses.**—There is little progress to report in the provision of additional Part III accommodation and the provision of a new common lodging house to take the place of the Salvation Army Hostel which is to be vacated for demolition at the end of 1960. Both types of accommodation are urgently required.

The Seamen's lodging house (Queen Mary Hostel) continued to meet the needs of certain members of the seafaring community.

**Problem families.**—Special accommodation with supervision has still to be provided for the "hard core" of Grimsby's problem families.

### Rent Act — Certificates of disrepair :—

Applications received	..	43
Applications refused	..	Nil
Undertakings accepted	..	15
Certificates revoked	..	29



## PART VI.—INSPECTION AND SUPERVISION OF FOODS

Mr. Harold Parkinson, Chief Public Health Inspector, is responsible for this section of the work :—

**Inspections.**

Bakehouses .. ..	74	Confectioners shops ..	15
Dairies and milk vendors ..	18	Fish curers .. ..	53
Fish shops .. ..	96	Food preparers .. ..	123
Fried fish shops .. ..	166	Greengrocers .. ..	20
Grocers .. ..	158	Ice cream makers and vendors	75
Markets .. ..	155	Meat shops and stores ..	194
Restaurants and cafes ..	78	Slaughterhouses .. ..	1,490
Sweet shops .. ..	10	Other matters .. ..	113

**Slaughterhouses.**—The Council continued to grant licences for the three private slaughterhouses on a six monthly basis. Towards the end of the year negotiations with the Ministry of Works for the purchase of the government abattoir re-opened and the change-over in the ownership was provisionally arranged for early 1960.

Statistics about carcasses and offals inspected and condemned are set out below :—

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	4,463	398	261	14,830	16,391	—
Number inspected ...	4,463	398	261	14,830	16,391	—
<i>All diseases except Tuberculosis and Cysticerci.</i>						
Whole carcasses condemned	2	1	3	24	30	—
Carcasses of which some part or organ was condemned	2,027	210	7	835	5,953	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	44.46	53.02	3.83	5.79	36.5	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	8	2	—	—	4	—
Carcasses of which some part or organ was condemned. ... ..	429	108	—	—	1,177	—
Percentage of the number inspected affected with tuberculosis ... ..	9.79	27.64	—	—	7.27	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	32	1	—	—	—	—
Carcasses submitted to treatment by refrigeration	32	1	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

**Cysticercus Bovis.**—Routine inspections continued and 33 infestations of offal were found, and the carcasses were allowed to be treated by the freezing process before being sold for human food.

Diseases and unsound conditions found during meat inspection included:—

Abscesses, actinomycosis, arthritis, bruising, cirrhosis, cysticercus bovis and ovis, cysts, contamination, echinococcus cysts, emaciation, emphysema, endocarditis, enteritis, erysipelas, fascioliasis, fevered, fatty degeneration, hepatitis, immaturity, infarcts, Johnes disease, jaundice, leukaemia, mastitis, metritis, melanosis, necrosis, nephritis, oedema, parasites, pentastomes, pericarditis, peritonitis, pleurisy, pneumonia, septicaemia, suffocation, strangulation, tuberculosis, telangiectasis.

Weight of meat condemned—45 tons, 11 cwt. 21 lb.

In addition 143 lbs. of imported beef with muscular degeneration and 28 lb. of pigs decomposed livers were condemned at the abattoir.

**Unsound foods included :—**

	tons	cwts.	qrs.	lbs.
Meat condemned at abattoir and private .. .. .	45	12	2	24
slaughterhouses .. .. .				
6,148 cans, 411 bottles and 314 packets .. .. .	3	12	2	26
of various food .. .. .				
Meat, bacon, ham, sausages .. .. .		11	2	6
Cheese .. .. .		2	—	22
Fats .. .. .		1	—	—
Dried fruit .. .. .		1	1	9
Confectionery .. .. .		1	1	5
Miscellaneous food .. .. .		4	1	15
Total weight .. .. .	50	7	—	23

**Disposal of unsound meat, etc.:**—As in former years the arrangements with the contractors at the abattoir and the licence holders of the private slaughterhouses continued, diseased meat after being dyed green was removed from these premises by a Grimsby firm for processing at their meal plant at Killingholme.

Livers affected with distomatosis only were kept separate on condemnation and later removed for processing for pharmaceutical purposes by the same firm which had the contract with the Ministry of Food.

A very small amount of these livers was supplied for feeding at a mink farm after discolouration with green dye.

As the Corporation had not an incinerator, unsound tinned goods were buried in the Corporation tip.

**Horse Flesh.**—Horse flesh for human consumption was not sold in Grimsby.

**Fish inspection.**—96 export certificates were issued for the export of 5751 bales of dried salted fish to — Colon, Funchal, Ghana, Habana, Luanda, Madeira, Naples, Ponta Delgada, Panama.

**Milk supply.**—All the milk dealers in the town were licensed for the sale of heat treated milk. Only one, a producer/retailer from the adjoining rural district, also sold raw milk (T.T.).

Wholesalers of milk .. .. .	3
Retail purveyors of milk (including 5 with premises in Grimsby, 4 from outside the district and 377 bottled milk vendors) .. .. .	386
Licensed pasteurisers of milk .. .. . (high temperature short time)	3
Licences to use designation Tuberculin Tested (Pasteurised) milk .. .. .	3
Supplementary and dealers licences for sale of Pasteurised milk .. .. .	22
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) Milk .. .. .	6
Licences to produce Sterilized milk .. .. .	3
Licences to sell Sterilised milk .. .. .	374
Licence to sell Tuberculin Tested milk .. .. .	1

**Tuberculin Tested (Pasteurised) milk.**—34 samples passed the prescribed tests. Three samples contained non-faecal B. Coli.

**Pasteurised milk.**—Of the 36 samples examined all passed the methylene blue test and phosphatase test. Two samples contained non-faecal B. Coli.

**Sterilised milk.**—37 samples were all satisfactory.

**T.T. raw milk.**—8 samples (7 passed Methylene Blue Test and 1 decolourised 4 hrs.). Three samples contained non-faecal B. Coli. Guinea pig tests showed the samples to be free from tubercular organisms.

#### Ice cream.—

Premises registered for making ice cream .. .. .	7
Premises registered for sale of ice cream .. .. .	442

Most of the ice cream sold in Grimsby is supplied pre-packed by firms of national standing. Local makers continued to retail loose ice cream from road vehicles.

Of the 37 samples taken, all but 2 passed the Methylene Blue test in Grade I, but one decolourised in 1—2 hours and the other sample in half an hour.

Two samples contained faecal B. Coli. During the ensuing investigations a sample of ice cream powder and one of the custard used in the manufacture were examined in an endeavour to trace the source of the contamination.

It was necessary to instruct and warn makers about improving the technique of sterilising and storing equipment.

**Food hygiene.**—Attempts were made to deal with the arrears which had accumulated in this branch of public health work by concentrating on the inspection of food preparing premises and food shops so as to bring them up to the standards of the Food Hygiene Regulations, particularly the provision of adequate washing facilities.

During a prolonged outbreak of sonne dysentery in all parts of the town (which extended the resources of the inspectorial staff available) emphasis was placed on tracing and excluding from work all contacts engaged in the food industry until two successive negative stool specimens were produced. Compensation for loss of pay was made by the Corporation in accordance with the provisions of Section 119 of the Grimsby Corporation Act, 1921; this arrangement made co-operation with the persons concerned much more effective, although one or two persons shewed little regard for their responsibility to the community.

Every opportunity was taken to try and instil the principles of hygiene during the personal encounters in the home at the time of investigations.

Organised courses of instruction in food hygiene were not undertaken in 1959.

**Food poisoning.**—Apart from the widespread outbreak of sonne dysentery already mentioned there were only two notified cases of food poisoning, and the ensuing investigations and laboratory tests failed to indicate the cause.

Complaints were received about unsound ham and mouldy pork pies bought at three local shops. Warnings were given to the shopkeepers concerned by the Committee that any future offences would result in court proceedings.

A machine screw was found in a package of quick frozen spinach. The packers were warned about taking measures necessary to prevent recurrences.

**Samples of food and drugs.**—189 samples (12 formal and 177 informal) were taken.

Unsatisfactory samples included :—

*Milk.*—9 samples deficient in milk fat or milk solids as follows :—

- (1) Informal Milk fat 3.45% (non-fatty solids 8.17%) Sample slightly deficient in non-fatty solids. Freezing point showed presence of small amount of added water.
- (2) Informal Milk fat 3.80% (non-fatty solids 8.35%) Sample slightly deficient in non-fatty solids.
- (3) Informal Milk fat 3.05% (non-fatty solids 8.14%) Sample slightly deficient in non-fatty solids.
- (4) Informal Milk fat 2.84% (non-fatty solids 8.68%) Sample deficient in milk fat 5.3%
- (5) Informal Milk fat 2.8% (non-fatty solids 8.65%) Sample deficient in milk fat 6.6%
- (6) Informal Milk fat 2.95% (non-fatty solids 8.54%) Slightly deficient in milk fat
- (7) Informal Milk fat 2.95% (non-fatty solids 8.98%) Slightly deficient in milk fat
- (8) Formal Milk fat 2.95% (non-fatty solids 8.62%) Slightly deficient in milk fat
- (9) Formal Milk fat 2.90% (non-fatty solids 8.82%) Slightly deficient in milk fat

The informal samples from 3 farmers were taken on delivery at a wholesaler's premises. Formal samples taken a few days later from the milk of 2 farmers were satisfactory, but one supply showed 2.9% and 2.95% fat content in the morning's milk whilst the evening's milk contained 4.75% fat. As the farm was not in Grimsby, the Sampling Officer of the Lindsey County Council was informed and it appeared that unequal periods between milking had some bearing on the variations in the fat content.



*Pork Sausage.*—

- (1) Informal Contained 46.2% meat. In analyst's opinion 28.9% deficient in meat. Contained 203 parts per million Sulphur Dioxide (450 allowed *if declared*)
- (2) Informal 28 parts per million Sulphur Dioxide (450 allowed *if declared*)
- (3) Informal Contained 61.6% meat. In Analyst's opinion sample slightly deficient in meat.
- (4) Formal Contained 60.5%. In Analyst's opinion sample slightly deficient in meat. Sample contained 242 parts per million Sulphur Dioxide.

In the absence of a legal standard for meat content of sausages court proceedings were not taken about the alleged deficiencies of meat. The Committee authorised warnings to be sent about not declaring the presence of preservative.

*Sugar (Informal).*—Contained a small amount of wheat flour; probably caused by packing in a bag which had previously been used for flour. There was no evidence of deliberate adulteration.

The satisfactory samples included :—

baking powder 1, beef sausage 2, Bovril 1, chicklettes 1, coffee 2, cream 3, dairy cream sponge 1, dairy ice cream 1, Devonshire clotted cream 1, double cream 2, double dairy ice cream 1, dressed crab 1, dried milk 4, dried salted fish 1, fish cakes 9, fish fingers 1, fish sticks 2, full cream evaporated milk 1, ground almonds 2, humanised milk food 1, ice cream 11, lemon curd 1, milk 102, mincemeat 2, olive oil 1, orange drink 4, orange marmalade 1, peanut butter 1, peeled prawns in brine 1, pork sausage 5, pure lard 1, pure malt vinegar 1, raspberry jam 1, self raising flour 2, sultanas 1, table jelly 1, whipped cream 1.

**Public Health (Preservatives, etc., in Food) Regulations.**—Apart from the failure to declare the presence of sulphur dioxide in sausages, no other breach of the regulations was detected.

**Chemical Analyses.**—The Public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., undertook the chemical analysis of samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

**Bacteriological, Histological and Biological Examinations.**—These continued to be undertaken in the Department of Pathology, Grimsby General Hospital.

**Fertilisers and Feeding Stuffs Acts.**—10 samples of feeding stuffs and 3 samples of fertilisers taken for analysis were found to be satisfactory. One unsatisfactory sample of Feeding Stuffs—Sterilised Meat and Bone Meal taken in a Grimsby mill was deficient in oil 2.02% or 40.4% of amount stated. This meal had been produced in the County area so the Lindsey County Council was notified.

## PART VII.—ADDITIONAL INFORMATION.

## NATIONAL ASSISTANCE ACTS: INCIDENCE OF BLINDNESS

At the end of 1959 the total number of blind persons in the borough was 166 (males 82, females 84).

Twenty-three Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 17 persons were certified as blind and 6 as partially-sighted.

No cases of retrolental fibroplasia were reported.

*Follow-up of Registered Blind and Partially Sighted persons.*

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental fibroplasia</i>	<i>Others</i>
(a) No treatment ...	8	2	—	8
(b) Treatment (medical surgical or optical)	5	—	—	—
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	4	—	—	—

*Ophthalmia neonatorum.*

(i) Total number of cases notified during the year ...	3
(ii) Number of cases in which:—	
(a) Vision lost ...	—
(b) Vision impaired ...	—
(c) Treatment continuing at end of year ...	—

## EPILEPTICS AND SPASTICS

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

*Epileptics*

		<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school ...	Males	—	9	—	9
	Females	—	10	—	10
At special school ...	Males	—	—	—	—
	Females	—	1	—	1
At occupation centre ...	Males	—	4	2	6
	Females	—	3	1	4
*In employment ...	Males	—	—	21	21
	Females	—	—	3	3
At home ...	Males	—	—	14	14
	Females	1	—	1	2
TOTAL ...		1	27	42	70

*Spastics*

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
<b>At ordinary school</b> ...	<b>Males</b>		—	—	—	—
	<b>Females</b>		—	1	—	1
<b>At special school</b> ...	<b>Males</b>		—	2	—	2
	<b>Females</b>		—	—	—	—
<b>At occupation centre</b> ...	<b>Males</b>		—	5	1	6
	<b>Females</b>		—	4	—	4
<b>*In employment</b> ...	<b>Males</b>		—	—	7	7
	<b>Females</b>		—	—	2	2
<b>At home</b> ...	<b>Males</b>		3	—	6	9
	<b>Females</b>		1	2	—	3
<b>TOTAL</b> ...			<b>4</b>	<b>14</b>	<b>16</b>	<b>34</b>

\* Per Disablement Resettlement Officer, local office of Ministry of Labour.

**HEALTH EDUCATION**

Owing to the shortage of health visitors it has not been possible to carry out any special arrangements for health education or to engage in any campaigns.

The local health authority again made full use of the publicity material of the Central Council for Health Education, to which it subscribes, and of the Royal Society for the Prevention of Accidents, being a member of the Home Safety Section of this body.

The Fifth Edition of the Grimsby Health Services Handbook was published during the year, 1,000 copies being distributed to the public. Through the good offices of editor, articles of general interest under the title of "Your Health Service" were placed in the local evening newspaper at three weekly intervals, and 300 copies of the Better Health journal are distributed each month through the authority's welfare centres and clinics.

By kind invitation of the Medical Officer of Health, members of the medical and nursing staffs attended a two-day In-Service Staff Training Course on "The Care of the Aged", held by the Central Council for Health Education in Cleethorpes on the 21st and 22nd October.

The opening day was devoted to lectures by the Deputy Medical Director and the Education Officer of the Central Council, and the following day to group discussions and a plenary session. The course was of great value to those who were able to attend.

A total of 39 lectures and talks were given to organisations in the borough on various aspects of Public Health, 22 by the Medical Officer of Health and 17 by the Health Visitors. Attendance at these meetings totalled 1,014.

*Welfare Centres.*—Mothercraft and relaxation classes continue to be held at the Centres. The obvious success of these classes is strikingly noticeable later on when the mothers attend the infant welfare centres. These mothers really use the centres in the truest sense of preventive medicine and at the same time are, unknowingly, practical examples to other mothers who watch and copy.

The 'Stork Club' still attracts a larger number of mothers, but that is certainly a deterrent to the easy flow of two-way conversation that is so important and carried on with ease at the smaller more personal classes.

Special short health talks during infant welfare sessions have been tried, but were not successful. Mothers simply have not time to stop for these after seeing to the initial needs of the infant. The individual advising and listening by the health visitor seems to be what the mothers require — it is possible to make one or two statements only on topical health matters whilst the infant is being weighed, if there is not too much noise.

The following special programmes were carried out in schools during the year, viz. :—

*Western Secondary Modern Girls.*—Lectures on personal hygiene and mothercraft, supported by films, were given by a school nurse.

*Nunsthorpe Primary Junior Girls.*—A school nurse gave talks on personal hygiene.

*St. Mary's Primary Junior and Secondary Modern.*—A health visitor conducted a series of lectures (with films) on general hygiene, home safety, mothercraft and social services.

*Chelmsford Secondary Modern Girls.*—The Superintendent Health Visitor gave lectures to all girls in their final year on personal hygiene, the work of a health visitor and the Maternal and Child Welfare Services. These lectures were followed by visits to a centre during an infant welfare session to illustrate the purpose and function of the same in relation to preventive medicine.

*Armstrong Secondary Modern Girls.*—Talks on personal hygiene and the work of a health visitor were given to senior girls by a health visitor, at which films were shewn.

Talks on various matters relating to personal hygiene are given to small groups of children when hygiene inspections are carried out in all schools.

## SURVEY OF ACCIDENTS IN THE HOME

This survey attempted to follow up by questionnaire every home accident occurring in the County Borough for twelve months, ending 31st October, 1959.

The purpose was explained to the Local Medical Committee, whose members promised support. A circular letter was sent to every general medical practitioner explaining the scheme and asking them to notify any case not referred to hospital. By special arrangement with the casualty out-patient department of the local hospital, it was agreed to write the letter 'H' after every entry where an accident had occurred in the home or its curtilage. A clerk from this Department visited the hospital periodically and extracted from the register the names and addresses of all such entries. These were distributed to the health visitors, who completed the questionnaire (designed by the Ministry of Health staff).



During the year there were 311 such accidents, 48 being notified by general practitioners ; of these 35 were treated at home and 13 at the doctor's surgery. The remaining 263 were treated at the casualty out-patient department, and of these 37 were admitted to hospital.

*Falls.*—As expected, falls, which accounted for a total of 137, were the largest single cause. Falling over obstacles injured 20, downstairs 21, down steps 9, off ladders 5, off chairs 6, climbing (in children) 4, and from a window 1. Contributory causes were curled mat 11, torn carpet 6, polished floor 7, ice 3, broken surface 2 and trailing flex 1. No accidents were blamed on inadequate handrail, or too short, too long or metal ladders. The stairs were considered normal in 17 cases, but steep in 4. Shoes were unfastened in only 4 cases and slippers were worn by 25. The health visitors estimate of the lighting was :—

			<i>Good</i>	<i>Poor</i>
Natural	..	..	97	11
Artificial	..	..	21	8

*Burns and Scalds.*—There were 13 cases of burning, 5 caused by coal fires, 2 by lighted candles, and 1 each by gas, paraffin, lighter fuel and hot metal. Clothing was ignited in 2 cases, both wearing cotton garments. Of these 13 cases, 6 had fireguards which were not fixed, 4 were fixed and 3 had none. The number of scalding accidents totalled 18, made up of hot water 11, hot tea 4, hot milk 2 and frying fat 1. The methods of occurrence were spilled 9, immersion 1 and by upsetting container 8. No safety devices were used in these latter cases.

*Poisoning.*—Three infants were treated for poisoning : one by aspirin prescribed for the mother and kept in the living room sideboard ; one by ammonia kept in a cupboard ; and one by methedrine prescribed for the mother and left temporarily by her on the top of the gold fish case. Two old people were accidentally poisoned by coal gas (one survived). The taps and equipment were in order.

*Electricity.*—Only two cases were treated for electric shock. One was caused by a faulty wire connected to an electric iron, the other was from an electric wringer.

*Suffocation.*—There were no cases during the survey.

*General information.*—Thirty cases had a previous disability, while 32 had had a previous accident within the preceding five years. Only 20 maintained that they had never had any advice on accident prevention, and 21 had never heard of the Fireguard Act.

Of the 311 homes visited the mother went out to work in 28. She was considered to be untidy in 29 instances, careless in 70, negligent in 23, inadequate care in 10, and lacking in supervision in only 7 cases.

Other obvious hazards noted numbered 10.

## Statistics :—

(a) *By age and sex distribution :—*

Age	Male	Female	Total	Percentage of whole
0-5	56	54	110	35
5-15	32	25	57	18
15-20	2	8	10	3
20-30	6	8	14	4.5
30-40	9	16	25	8
40-50	6	25	31	10
50-60	3	21	24	8
60-70	2	19	21	7
70 and over	1	18	19	6.5
<i>Totals</i>	<u>117</u>	<u>194</u>	<u>311</u>	<u>100.0</u>

(Note :—Of this total, 22 were husbands, 61 wives, 86 sons and 77 daughters ; the remainder consisted of other relatives, mostly grandparents.)

(b) *By Registrar General's  
Social Class :—*

Social Class	I	Nil
"	II .. ..	11
"	III .. ..	34
"	IV .. ..	113
"	V .. ..	153

(c) *By type of dwelling :—*

Detached house	.. ..	6
Bungalow	.. ..	3
Prefabricated	.. ..	8
Semi-detached house	.. ..	57
Terrace house	.. ..	229
Flat	.. ..	8

(d) *By Condition of Dwelling :—*

Unfit	.. ..	3
Substandard	.. ..	22
Overcrowded	.. ..	17

(e) *By Time of Day :—*

Morning	.. ..	93
Afternoon	.. ..	145
Evening	.. ..	73

(f) *By Room in which Accident occurred :—*

Kitchen	.. ..	86
Living Room	.. ..	106
Bedroom	.. ..	13
Bathroom	.. ..	—
Lavatory	.. ..	—

Stairs	.. ..	18
Hall	.. ..	5
Passage	.. ..	9
Precincts	.. ..	72
Steps	.. ..	2

(g) *By Intelligence of*

Above average	.. ..	..
Average	.. ..	..
Dull	.. ..	..

(i) *Housewife*

8
288
15

(ii) *Patient*

5
300
6

(h) *By Types of Injury sustained :—*

Fractures	.. ..	22
Concussion	.. ..	5
Cut finger	.. ..	29
Trapped finger	.. ..	11
Injured ankle	.. ..	11
" arm	.. ..	23
" eye	.. ..	18
" face	.. ..	13
" foot	.. ..	16

Injured hand	.. ..	16
" head	.. ..	43
" knee	.. ..	8
" leg	.. ..	14
" ribs	.. ..	1
" shoulder	.. ..	4
" spine	.. ..	5
" wrist	.. ..	8
Others	.. ..	17

## MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 173 employees during the year, 168 by medical staff of the department and 5 by requests to other local authorities. Of these one was referred to the medical referee of the Corporation and 11 were found unfit for entry into the superannuation scheme.

Seven employees for retirement on medical grounds were referred to the medical referee, and the Medical Officer of Health investigated and made special reports on 7 employees who had been absent from duty for a period of three months and over.

Fifty-five candidates for admission to training colleges were also examined by the medical staff. Examinations for entry into the teaching profession numbered 63, seven of these by requests to other authorities ; all received x-ray examination of the chest before appointment. Three were referred for specialist examination, one being found unfit for entry into the profession.

During the year 80 persons were examined for employment in the School Meals Service of the Local Education Authority. This examination, which includes tests for carrier conditions, is a valuable protection against the risk of food poisoning and fully justifies the time and trouble taken. None of the candidates were found to be unfit for such employment.

Fourteen firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950.

The above represents a total of 392 medical examinations during the year, 373 of which were performed by medical staff of the department, compared with 367 and 343 respectively in 1958.

As recommended in Ministry of Health Circular 64/50 — Protection of Children from Tuberculosis — 49 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

Five new entrants to the staff of the North East Lincolnshire Water Board were examined in accordance with paragraph 5 of Ministry of Health Memorandum 221, dated January, 1939, and found to be fit for employment in a water undertaking.

## BLOOD DONORS

The Sheffield Regional Transfusion Team is offered the use of the local authority's clinics to hold taking sessions, and four such sessions were held at the Watkin Street Clinic.

## LABORATORY FACILITIES

The examination of specimens is carried out in the laboratory at the Grimsby General Hospital. A total of 5,704 specimens were sent by the health department for examination.

## GRIMSBY CREMATORIUM

The Medical Officer of Health acts as the Medical Referee to the Grimsby Crematorium. The number of cremations which have taken place since the building was opened on the 5th August, 1954, is :—

<i>Year</i>	<i>Grimsby residents</i>	<i>Residents from other areas</i>	<i>Total</i>
1954	61	84	145
1955	205	311	516
1956	264	372	636
1957	323	462	785
1958	365	589	954
1959	409	666	1,075



PART VIII.

STATISTICAL TABLES.

Table 1.—Vital Statistics of the whole Borough during 1959 and previous Years.

YEAR	Total Population estimated to middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1942	76,800	1500	1506	19.6	1076	14.0	124	58	84	56	1010	13.1
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2
1946	86,340	2121	2118	24.5	1120	12.9	133	41	71	34	1028	11.9
1947	89,190	2154	2183	24.4	1235	13.8	113	53	97	44	1175	13.1
1948	91,060	1892	1911	20.9	1073	11.7	118	36	55	29	991	10.8
1949	91,250	1830	1872	20.5	1282	14.0	203	46	63	34	1125	12.3
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.2
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1
1953	93,300	1517	1647	17.6	1176	12.6	207	53	55	33.3	1022	10.9
1954	93,670	1606	1700	18.1	1271	13.5	247	63	42	24.7	1087	11.6
1955	94,560	1639	1755	18.5	1186	12.5	204	84	49	27.9	1066	11.2
1956	95,400	1673	1791	18.7	1236	12.9	246	73	69	38.5	1063	11.1
1957	96,050	1710	1846	19.2	1254	13.0	247	65	35	18.9	1072	11.1
1958	96,380	1724	1829	18.9	1226	12.7	267	85	46	25.1	1044	10.8
1959	97,110	1800	1858	19.1	1156	11.9	248	104	41	22.0	1012	10.4

Acreage (land and inland water) ... 5,468

Population

...

... 94,557

At Census

Persons per acre ...

... 17.3

Private households ...

...

... 27,103

of 1951

Structurally separate dwellings occupied ... 25,571

Table 2.—England and Wales and Grimsby, 1942–1959.

## Birth Rates.

Year	Number of Births	Grimsby		England and Wales Birth Rate
		Birth Rate	Adjusted Birth Rate	
1942	1506	19·6	—	15·8
1943	1539	20·1	—	16·5
1944	1752	23·0	—	17·7
1945	1686	21·6	—	16·1
1946	2118	24·5	—	19·1
1947	2183	24·4	—	20·5
1948	1911	20·9	—	17·9
1949	1872	20·5	—	16·7
1950	1702	18·2	18·9	15·8
1951	1751	18·7	19·1	15·5
1952	1693	18·1	18·7	15·3
1953	1647	17·6	18·1	15·5
1954	1700	18·1	18·3	15·2
1955	1755	18·5	18·7	15·0
1956	1791	18·7	18·9	15·7
1957	1846	19·2	19·2	16·1
1958	1829	18·9	18·9	16·4
1959	1858	19·1	19·1	16·5

Table 3. England and Wales and Grimsby, 1942–1959.

## Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
1942	1010	13·1	*	11·6
1943	1144	14·9	*	12·1
1944	1001	13·1	*	11·6
1945	1036	13·2	*	11·4
1946	1028	11·9	*	11·5
1947	1175	13·1	*	12·0
1948	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4
1954	1087	11·6	12·1	11·3
1955	1066	11·2	11·8	11·7
1956	1063	11·1	12·6	11·7
1957	1072	11·1	12·6	11·5
1958	1044	10·8	12·2	11·7
1959	1012	10·4	11·8	11·6

\* Area comparability factor suspended by Registrar General

**Table 4.—Causes of and Ages at Death during the Year 1959**  
(as compiled from figures supplied by the Registrar General)

Causes of Death.		All Ages.			Under 1 year	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upw'ds
		Total	Males	F'm'les								
All Causes	Certified ...	1012	554	458	41	3	7	11	49	234	271	396
	Uncertified ...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, respiratory	...	11	11	...	...	...	...	...	...	5	5	1
Tuberculosis, other	...	1	...	1	...	...	...	...	1	...	...	...
Syphilitic disease	...	6	5	1	...	...	...	...	...	3	...	3
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections	...	...	...	...	...	...	...	...	...	...	...	...
Acute poliomyelitis	...	1	1	...	...	...	1	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases	...	2	...	2	1	...	...	...	1	...	...	...
Malignant neoplasm, stomach	...	27	17	10	...	...	...	...	2	5	14	6
Malignant neoplasm, lung, bronchus	...	46	40	6	...	...	...	...	1	27	14	4
Malignant neoplasm, breast	...	16	...	16	...	...	...	...	5	7	2	2
Malignant neoplasm, uterus	...	6	...	6	...	...	...	...	...	4	1	1
Other malignant and lymphatic neoplasms...	...	109	60	49	1	...	2	...	9	31	30	36
Leukaemia, aleukaemia	...	4	1	3	...	...	1	...	...	2	1	...
Diabetes	...	8	1	7	...	...	...	...	...	2	3	3
Vascular lesions of nervous system	...	143	69	74	...	...	...	...	1	26	42	74
Coronary disease, angina	...	169	103	66	...	...	...	...	5	50	56	58
Hypertension with heart disease	...	47	14	33	...	...	...	...	...	8	15	24
Other heart disease	...	85	37	48	...	...	...	...	2	11	20	52
Other circulatory disease	...	57	25	32	...	...	...	...	...	7	13	37
Influenza	...	7	3	4	...	...	...	...	...	...	...	7
Pneumonia	...	50	29	21	9	1	...	...	...	8	5	27
Bronchitis	...	61	45	16	1	1	...	...	2	21	20	16
Other diseases of respiratory system	...	13	9	4	2	...	...	...	...	...	3	8
Ulcer of stomach and duodenum	...	6	3	3	...	...	...	...	...	2	3	1
Gastritis, enteritis and diarrhoea	...	4	3	1	1	...	...	...	...	...	1	2
Nephritis and nephrosis	...	2	1	1	...	...	...	...	...	...	2	...
Hyperplasia of prostate	...	9	9	...	...	...	...	...	...	...	4	5
Pregnancy, childbirth, abortion	...	2	...	2	...	...	...	1	1	...	...	...
Congenital malformations	...	13	9	4	9	1	1	...	1	1	...	...
Other defined and ill-defined diseases	...	65	31	34	16	...	1	1	5	7	12	23
Motor vehicle accidents	...	14	11	3	...	...	...	7	3	2	1	1
All other accidents	...	18	12	6	1	...	1	2	4	2	3	5
Suicide	...	9	5	4	...	...	...	...	5	3	1	...
Homicide and operations of war	...	1	...	1	...	...	...	...	1	...	...	...
TOTALS		1012	554	458	41	3	7	11	49	234	271	396



**Table 5.—Infantile Mortality during the year 1959.**

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH			Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 Year.
<b>All Causes</b>	Certified ...	...	24	1	—	—	25	4	7	3	2	41
	Uncertified ...	...	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...			—	—	—	—	—	—	1	—	—	1
Haemorrhagic conditions ...			1	—	—	—	1	—	—	—	—	1
Pneumonia ...			1	—	—	—	1	2	4	1	1	9
Bronchitis ...			—	—	—	—	—	1	—	—	—	1
Other respiratory diseases ...			—	—	—	—	—	1	1	—	—	2
Gastritis and duodenitis ...			—	—	—	—	—	—	—	1	—	1
Other intestinal obstruction ...			1	—	—	—	1	—	—	—	—	1
Diseases of kidney ...			—	—	—	—	—	—	—	1	—	1
Congenital malformations of heart ...			5	1	—	—	6	—	—	—	—	6
Congenital malformations of genito-urinary system ...			1	—	—	—	1	—	—	—	—	1
Other congenital malformations ...			2	—	—	—	2	—	—	—	—	2
Post-natal asphyxia and atelectasis ...			5	—	—	—	5	—	—	—	—	5
Immaturity without mention of disease ...			7	—	—	—	7	—	—	—	—	7
Lack of care ...			1	—	—	—	1	—	—	—	—	1
All other causes ...			—	—	—	—	—	—	1	—	1	2
<b>Totals ...</b>			<b>24</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>25</b>	<b>4</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>41</b>

## Live Births in the year—

	Males	Females	Total
Legitimate ...	906	846	1,752
Illegitimate ...	54	52	106
<b>Totals</b>	<b>960</b>	<b>898</b>	<b>1,858</b>

## Nett Deaths in the year—

	Males	Females	Total
Legitimate ...	22	17	39
Illegitimate ...	1	1	2
<b>Totals</b>	<b>23</b>	<b>18</b>	<b>41</b>

Table 6.—Cases of Infectious Diseases notified during the year 1959

Notifiable Disease	All ages			Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—25 years		25—35 years		35—45 years		45—65 years		65 years and over		Total cases admitted to Hospital	
	M	F	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Scarlet Fever	83	74	157	—	—	4	—	8	6	7	5	8	10	48	45	8	6	—	—	—	—	—	—	—	—	—	—	—	—	3	
Measles	395	359	754	27	24	62	52	60	60	67	44	61	54	116	118	2	5	—	—	—	—	—	—	—	—	—	—	—	—	10	
Whooping Cough	107	116	223	13	8	11	16	17	14	15	7	12	14	36	54	2	3	—	—	—	—	—	—	—	—	—	—	—	—	5	
Acute Pneumonia	13	6	19	—	—	—	—	1	—	—	1	2	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	6	
Acute Poliomyelitis (Paralytic)	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Dysentery	500	551	1051	13	23	34	22	42	34	40	26	27	35	148	120	69	60	19	24	9	31	36	78	27	44	27	39	9	15	19	
Ophthalmia	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	
Neonatorum	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Puerperal Pyrexia	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken pox	*436	416	852	21	23	20	24	36	31	39	47	52	51	235	207	26	25	3	5	—	1	*3	1	1	1	—	—	—	—	—	4
Food Poisoning	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Rheumatism	4	1	5	—	—	—	—	—	—	—	—	—	3	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Totals	1543	1529	3072	77	78	131	114	164	145	168	130	162	164	587	544	109	99	24	31	10	36	40	83	31	47	28	43	12	15	52	

\*Includes one case notified in the Port Health District.

TABLE 7—GRIMSBY, 1959.  
TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1—2 years ...	—	—	—	—	—	—	—	—
2—5 years ...	3	3	—	—	—	—	—	—
5—10 years ...	1	1	—	—	—	—	—	—
10—15 years ...	1	1	1	—	—	—	—	—
15—20 years ...	2	5	2	—	—	—	—	—
20—25 years ...	3	4	—	1	—	—	—	—
25—35 years ...	4	2	1	—	—	—	—	—
35—45 years ...	5	5	1	—	—	—	—	1
45—55 years ...	6	2	—	—	3	—	—	—
55—65 years ...	4	3	—	—	2	—	—	—
65—75 years ...	2	—	—	—	5	—	—	—
75 and upwards	—	—	—	—	1	—	—	—
Totals ...	31	26	5	1	11	—	—	1

TABLE 8—GRIMSBY, 1959.  
TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														
	Alexandra	Clee	Hainton	Humber	Littlefield	Little Coates	Nunthorpe	Scarbro	South	South-West	Victoria	Weelsby	Wellow	Wellington	Totals
<i>Pulmonary</i> :—															
Males ... ..	5	1	2	6	2	—	2	1	2	—	3	2	2	3	31
Females ... ..	—	3	3	1	—	—	5	—	2	3	3	—	4	2	26
<i>Non-Pulmonary</i> —															
Males ... ..	—	1	—	—	—	—	1	—	—	—	—	3	—	—	5
Females ... ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Total ... ..	5	5	6	7	2	—	8	1	4	3	6	5	6	5	63
<i>Inward Transfers.</i>															
<i>Pulmonary</i> —															
Males ... ..	—	—	1	—	1	1	—	—	1	—	—	1	—	1	6
Females ... ..	—	—	1	—	—	—	1	—	—	1	—	1	1	1	6
<i>Non-Pulmonary</i> —															
Males ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ... ..	—	—	2	—	1	1	1	—	1	1	—	2	1	2	12
Grand Total ...	5	5	8	7	3	1	9	1	5	4	6	7	7	7	75

**Table 9—Grimsby 1950—1959.****Tuberculosis.—Notifications and Deaths.**

Years	Notifications			Deaths		
	Pul-monary	Non-Pul-monary	Total	Pul-monary	Non-Pul-monary	Total
1950	86	12	98	29	2	31
1951	126	23	149	48	7	55
1952	124	24	148	29	3	32
1953	92	14	106	24	2	26
1954	87	20	107	21	1	22
1955	64	11	75	16	2	18
1956	78	15	93	18	1	19
1957	80	22	102	11	1	12
1958	68	15	83	15	1	16
1959	57	6	63	11	1	12

**Table 10—England and Wales and Grimsby, 1950—1959**

Total Tuberculosis death rates in each year of the Decennium.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
England and Wales	0·35	0·31	0·23	0·19	0·17	0·14	0·11	0·10	0·10	0·08
Grimsby	0·33	0·59	0·34	0·27	0·23	0·19	0·19	0·12	0·16	0·12



**Table 11—Factories Acts, 1937 to 1959.**

Annual Report of the Medical Officer of Health in respect of the Year 1959 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Prescribed particulars on the administration of the Factories Act, 1937.

**PART I OF THE ACT.****1.—INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	362	530	9	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	489	674	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	55	10	—	—
<b>TOTAL</b> ...	<b>906</b>	<b>1214</b>	<b>16</b>	<b>—</b>

**2.—CASES IN WHICH DEFECTS WERE FOUND.**

If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases."

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Fould	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.) ... ..	146	123	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	1	—	—	—
Ineffective drainage of floors (S.6.)	19	17	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient ... ..	8	6	—	1	—
(b) Unsuitable or defective ...	52	28	—	12	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relative to Outwork)	162	160	—	4	—
TOTAL ...	387	335	—	17	—

## PART VIII OF THE ACT.

## OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc. ....	17	—	—	—	—	—
Nets, other than wire nets ....	145	—	—	—	—	—
TOTAL ....	162	—	—	—	—	—

## PART IX SCHOOL HEALTH SERVICE

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### Report of the Principal School Medical Officer for the year 1959

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*To the Chairman and Members of the Education Committee.*

In presenting the annual report of the School Health Service for 1959, I am once again pleased to record a satisfactory state of health. There were no serious outbreaks of infectious diseases, although the sonne dysentry which commenced at the end of 1958 continued into the New Year for about three months.

The cleanliness and nutrition statistics have reached a new high standard. Only constant and vigorous attention by the school nurses can ensure this state of cleanliness and they are to be congratulated on this achievement. The hard core remains, as does the problem family.

A great deal of time and energy were spent in pursuing the poliomyelitis vaccination scheme, but despite all efforts there still remains 25 per cent. of the child population unprotected. At first there was some excuse for parents having doubts, but experience has now shown that this is the safest immunising agent we have ever used. Also a great deal more evidence has now accumulated and one can confidently hope that those children who have received three injections will have a 92 per cent. protection against paralysis. This exceeds the earliest hopes and if parents would co-operate fully poliomyelitis would soon be conquered as a dreaded disease.

The specialists' clinics continue to do good work and provide a valuable addition to the service. The shorter waiting period for an appointment is an obvious advantage, but there is also less time away from school and the liaison with the school medical officers is ideal. Unfortunately the ear clinic at the hospital, due to poor accommodation, has not been able to cut down the waiting period as much as was hoped.

The Child Guidance Clinic and Centre continues to give good service, and once again the figures have increased. Assistance will soon be required if the quality of the work is to be maintained.

Carnforth Day Special School has now come into full operation and has already more than justified itself. Not only are these handicapped children helped academically, but the psychological improvement is manifested in the happiness which one invariably sees there.

It is most gratifying to be able to state that by a stroke of good fortune we have at long last got almost the full complement of dental officers. This important and neglected aspect of child health will now be greatly improved. However, it will take a long time to overtake the ravages of neglected teeth. Also, paradoxically, while nutrition has never been better ; due to the modern habit of eating excess sugar in the form of sweets, lollipops and numerous confectioneries, the incidence of dental caries has never been so high.

Physical education continues to expand its activities, and attention to the needs of the growing body are not sacrificed to the needs of the mind. The fittest child will also get the most out of its education.

The Speech Therapist reports a successful year's work, and although this service deals with comparatively small numbers, the amount of distress to children (and their parents) who suffer from speech defects is considerable.

Once more I am pleased to say that the co-operation from the Education Department and the teachers has been invariably most helpful. I also wish to thank all the other departments concerned with children for their ready assistance. To the Education Committee I am indebted for the courtesy they have shown me and for the sympathetic consideration they have given to the matters placed before them.

R. GLENN,

*Principal School Medical Officer.*

HEALTH DEPARTMENT,

1 Bargate, Grimsby.

April, 1960.



**GRIMSBY EDUCATION COMMITTEE***Chairman*—Alderman J. H. FRANKLIN.*Vice-Chairman*—Councillor L. MEANWELL.*Director of Education*

R. E. RICHARDSON, M.Sc., Ph.D.

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THE MAYOR—Alderman F. G. GARDNER, J.P.

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"	Miss J. B. B. McCLAREN		Mrs. N. TROUGHT

**STAFF OF THE SCHOOL HEALTH SERVICE***Medical Officer of Health and Principal School Medical Officer:—*

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.

*School Medical Officers—*

JANET W. HEPBURN, M.B., Ch.B., D.P.H.

JOHN G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MICHAEL R. BURKE, M.B., B.Ch., B.A.O., D.P.H. (res.: 30.9.59)

JAMES L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M. (appt.: 21.9.59)

*Principal Dental Officer—*

DONALD W. HUNT, L.D.S., R.C.S., (Eng.)

*Dental Officers—*

GEOFFREY S. WATSON, B.D.S., L.D.S.

ROBERT D. BORRILL, B.D.S., L.D.S., R.C.S., (Eng.)

CHARLES B. G. MAJOR, B.D.S., L.D.S., R.C.S. (Eng.) (appt: 1.10.59)

*Part-Time Dental Officer—*

DAVID U. E. MILLER, L.D.S., R.C.S., (Eng.)

*Superintendent Health Visitor/School Nurse—*

Mrs. I. HALDANE.

*Health Visitors/School Nurses—*

Miss M. TIPPLER, Miss M. BAGG, Miss J. D. M. VARRIE, Mrs. M. KOZLOWSKI, Miss J. BELL, Miss K. L. SPENCER, Miss I. ADAMSON, Miss M. HARDWICK, Mrs. I. M. STOREY (appt: 1.5.59).

*School Nurses—*

Miss H. M. SCARLETT, Mrs. A. C. NICHOLSON, Mrs. J. MARSH, Mrs. E. HEWSON, Mrs. M. WALMSLEY, Mrs. M. MAULTBY (part-time).

*Clinic Nurses—*

Mrs. G. WHITEHALL, Mrs. M. MILLS (part-time), Mrs. F. WATERHOUSE, Miss M. DURKIN (appt: 2.3.59).

*Dental Staff—*

Miss P. HART (Oral Hygienist) (res: 25.11.59), Miss R. HENFREY (Clerk) (res: 31.3.59), Miss M. ADLETT (Clerk), Miss M. MARRIS (res: 9.9.59), Mrs. D. CAMPION, Mrs. O. BABINGTON (part-time) (res: 9.11.59), Mrs. S. J. PICKING (appt: 11.5.59), Mrs. M. FINNIE (appt: 30.11.59), Miss S. M. CASH (appt: 14.12.59).

*Clerical Staff—*

Miss A. ROBERTS, Miss A. DUFTON, Miss M. ROBINSON.

## FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1959, was 17,320 compared with 17,029 the previous year.

**Nutrition.**—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected is now made under the designation "physical condition." This includes general condition and physique, replacing the older classification of general condition only.

"Physical condition" is assessed under two headings—satisfactory and unsatisfactory. Of the 5,368 children who were medically inspected 5,346 (99.59%) were classified satisfactory, and 22 (0.41%) as unsatisfactory.

At the end of the year 5,650 children were paying for school dinners, and 642 were receiving them free. The number of children drinking school milk was 14,568 each day.

**Uncleanliness.**—Examinations are carried out at regular intervals at the various schools by the school nurse, statutory notices being issued to parents where indicated.

Facilities are available at the School Clinic for disinfesting those children who repeatedly attend school in a verminous condition. A nurse is in daily attendance and the D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

Inspections totalled 31,637 ; the number of individual children found to be unclean being 591 while at routine school medical inspections 94 children out of 5,368 examined showed evidence of louse infestation.

**Diseases of the Skin.**—The incidence of scabies and all skin diseases found at routine medical inspections during the last few years is given in the following table.

	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1954	1955	1956	1957	1958	1959
All skin diseases ...	9.6	4.8	3.3	5.9	5.9	5.4
Scabies ...	0.8	1.1	—	—	—	0.1

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the School Clinic during the same six years.

Disease.	1954	1955	1956	1957	1958	1959
Ringworm (scalp) ...	—	—	3	—	—	—
Ringworm (body)	—	—	3	—	—	—
Scabies ... ..	48	17	14	2	—	1
Impetigo ... ..	31	39	30	46	22	19

**School Clinic.**—The School Clinic is situated in Burgess Street, corner of Upper Spring Street, and is open daily from 9 a.m. to 5-30 p.m. (Saturdays 9 a.m. to 12 noon). Minor ailment clinics are held each morning, and the school medical officers hold three sessions per week for special medical inspections. Specialist Clinics are held as follows :—Ophthalmic—weekly ; cardiac—monthly or by arrangement and orthopaedic—fortnightly.

The figures for attendance at the School Clinic were as follows ;—

Special inspections by medical officers	..	..	81
Re-inspections by medical officers	..	..	20
New cases dealt with by clinic nurses	..	..	196
Total attendances	..	..	10,430

These premises are still used for poliomyelitis immunisation sessions which accounts for the increase in attendances.

**Defects of Vision and Diseases of the Eye.**—Refraction was carried out on 287 children (77 new cases), and glasses were prescribed for 225. Attendances number 472 and no cases of eye disease were referred from the School Clinic during the year.

#### **Diseases of the Ear, Nose and Throat—**

(a) **Audiometry.**—During the year 1959 hearing tests by the sweep method were carried out in schools and the results were as follows :—

Number tested	..	..	537
Number found satisfactory	..	525	
Number referred to the school clinic for special examination and final disposal	..	..	12

(b) **Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 55. These were classified as follows :—

Chronic tonsillitis .. ..	28
Adenoids only .. ..	4
Chronic tonsillitis & adenoids ..	21
Other conditions .. ..	2

Appropriate treatment was carried out by the clinic nurse in suitably selected cases as advised by the medical officers.

(c) **Diseases of the Ear.**—22 new cases of otitis media and 4 old were examined at the School Clinic. Of the 26 cases seen, 4 were referred to the E.N.T. Specialist on account of deafness. The efficacy of the modern antibiotic treatment of all acute and subacute ear infections is clearly reflected in the dwindling number of cases which now become chronic with inevitable impairment of hearing, if not complete deafness of one or even both ears.

The clinic nurse carried out special treatment advised by the E.N.T. Specialist in 5 new cases of otitis media : this entailed a total of 104 attendances.

**Heart Diseases and Rheumatism.**—Following the untimely death of Dr. J. W. Brown the work of the cardiac clinic is being continued by Dr. D. Stone, the consultant paediatrician to this area, who held his first session in March 1959. He points out that the continued supervision and assessment of abnormal cardiac conditions remains a necessity particularly in view of the developing methods of treatment ; that the detection of cardiac disease in childhood is made possible by the vigilance of medical officers to infant welfare and school clinics as well as by the notification of acute rheumatism inside the County Borough of Grimsby. In this way diagnosis and long term management can be planned against the background of the child's life at home and in school.

During the year 9 consultative clinics were held at the school clinic. 55 cases (of which 19 were new) made a total of 66 attendances.

**Orthopaedic Clinic.**—During the year 22 consultative clinics were held at the school clinic. 165 cases (of which 55 were new) were seen ; of these 39 were found not to require treatment.



# THE HANDICAPPED PUPILS AND SPECIAL SCHOOLS

## REGULATIONS, 1959.

(As on December 31st, 1959)

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind ... ..	—	1	—
Partially sighted ...	—	5	—
Deaf ... ..	—	10	1
Partially deaf ...	—	4	—
Educationally sub-normal ...	27	131	1
Epileptic ... ..	19	1	—
Maladjusted ...	3	2	1
Physically handicapped	—	1	3*
Speech defect ...	—	—	—
Delicate ... ..	—	2	—

\* Includes 2 receiving home tuition.

**Infectious Diseases.**—No school or department was closed on account of communicable disease during 1959.

The incidence of notifiable diseases in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1958:—

Scarlet fever 107 (50) ; measles 241 (361) ; whooping cough 95 (5) ; pneumonia 1 (2) ; poliomyelitis 1 (5) ; dysentery 397 (36) ; chicken pox 493 (430) ; food poisoning — (1) ; and acute rheumatism 4 (5).

In addition 5 children of school age were notified under the Public Health (Tuberculosis) Regulations, 1952, as suffering from tuberculosis, compared with 7 in the previous year. Of these, 4 were classed as pulmonary and 1 as non-pulmonary.

**Mass Radiography.**—No survey was carried out by the Lincolnshire Mass Radiography Unit during the year.

**B.C.G. Vaccination.**—It is unfortunate that no extension to the B.C.G. scheme has been possible this year because of the demands of other immunising procedures. Since 1954 when approval was given to carry out B.C.G. vaccination on the 13-year old children this work was restricted to six of the fourteen secondary schools, and over 400 cases have been dealt with each year since that time. During 1958 the introduction of freeze dried B.C.G. vaccine, apart from other advantages, made improvements in the administration, but we are only doing the bare minimum of tests required. It is hoped that progress will be made in 1960 especially as it is now possible to offer vaccination to all children and students under the Ministry of Health Circular No. 7/59.

Five hundred and seventy-three children in all were vaccinated as compared with 456 last year, and once again the acceptance rate rose from 83 to 87 per cent. The following information briefly summarises the work undertaken.

1. ACCEPTANCES.

Number of 13-year old children offered tuberculin testing and vaccination if necessary	..	..	834
Number of acceptances	..	..	697
Percentage of acceptances	..	..	87

2. TUBERCULIN TESTING AND VACCINATION.

Number skin tested	..	..	..	668
Number found negative	..	..	..	573
Number vaccinated	..	..	..	573

**Protection against diphtheria.**—Special diphtheria immunisation sessions were conducted at school premises in conjunction with the medical inspections, and of the following details 304 primary and 1,755 maintenance injections were undertaken in schools. It is six years since a case of diphtheria has been notified in Grimsby, and every effort is made to maintain the immunisation rate at a high level.

<i>Primary immunisation</i>		<i>Re-inforcing injections</i>	
Under 5-years	1,227	Under 5-years	38
5-15 years	309	5-15 years	1,934
Total	1,536	Total	1,972

The total primary immunisations for last year was 1,472 and re-inforcing injections numbered 1,595.

**Poliomyelitis vaccination.**—The immunisation scheme against poliomyelitis continued with great vigour and most of the work was done in the first half of the year, when it was necessary to arrange evening sessions chiefly to cater for the adult population. The total number of children who received two injections was 4,833 and the proportion of the child population now immunised is 75 per cent. In addition, 10,902 children received third injections.

The additional work in poliomyelitis vaccination (see page 76) prevented the school medical inspections on the eight-year-old group. However, it is pleasing to report that there was only one case of poliomyelitis notified during the year and since 1956 no case of poliomyelitis has been reported in Grimsby from a child who had been vaccinated.

The total number of persons vaccinated since the immunisation scheme commenced in 1956 is as follows :—

					<i>Two injections</i>	
Children	..	..	..	..	..	19,246
Adults	..	..	..	..	..	8,721
						<hr/> 27,967 <hr/>

Of this total 17,150 have received a third injection.

**Employment Certificates.**—During the year certificates were issued to 220 school children who were engaged in particular employment after school hours.

**Provision of Clothing.**—Clothing was supplied to 243 children at a cost of £1,062.

**Sanitary arrangements in schools.**—The following improvements were made at these schools.

*Strand Primary Infants' School (Boys' Department).*—Eight trough closets replaced by 8 new pedestal water closets and 10 ft. urinal replaced by new 12 ft. urinal with automatic flushing cistern.

*Infant and Junior Girls' Department.*—Eight trough closets replaced by 10 new pedestal water closets.

*Holme Hill Primary School.*—Nine trough closets and urinal replaced by 9 pedestal water closets and new urinal with automatic flushing tank.

Lighting and ventilation of this sanitary block improved.

## DENTAL SERVICE

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), principal dental officer, presents the following report :—

I have pleasure in presenting my eleventh Annual Report on the Dental Services provided by the County Borough of Grimsby. These Services are for school children, pre-school children, and expectant and nursing mothers sections of the community known as the Priority Classes and numbering in this town upwards of twenty thousand persons.

During the year under review the Service became more adequately staffed and for the first time since 1944 the professional staff available approached an optimum level. There are now four full-time dental officers, one part-time dental officer, and a part-time anaesthetist.

With the working of some additional evening sessions the services equivalent of five full-time dental officers is being obtained, a satisfactory state of affairs when the general pattern of a seriously understaffed Public Dental

Service is borne in mind. No doubt a combination of good fortune and exceptional circumstance has contributed to the present satisfactory staff position, but it is perhaps appropriate at this stage for the writer to record his own belief that the Public Dental Service still contains a redeemable potential, offering a satisfying professional career. Major changes in its present structure are essential, and these must come as a result of National legislation, but this Local Authority has given sympathetic consideration to all matters placed before it and, within the limits of existing legislation, has done much to retain the services and goodwill of its dental staff.

The best type of young graduate will always be interested in a career that offers full facilities for a high standard of professional work, the opportunity of being a member of a team working to a plan, and one that can give him a full clinical freedom to do the best for his patients untrammelled by considerations of finance and 'scales of fees'. He will welcome the opportunity of research in the field and in treatment, and will also welcome the ready availability of colleagues for consultation and mutual help. All these things can be found in a good Local Authority Dental Service, but they are not in themselves sufficient.

Also required are a proper professional income equal to that received by colleagues in other spheres of practice, the opportunity to undertake further study, to specialise or accept additional responsibility, and to have these things rewarded by increased status and remuneration within the Service in which he works. These opportunities scarcely exist at present in Local Authority Services, but it should be recorded that the additional remuneration of evening sessions does to some extent enable the Public Dental Officer to be free of financial worry. It is of interest to note that Grimsby was almost certainly the first Authority to introduce these voluntary sessions, and that they are now widespread throughout the country.

Although Grimsby now has sufficient staff to make real headway with the dental care of the priority classes, attention must again be drawn to the fact that severely limited surgery accommodation continues to render it impossible to make the best use of the staff now available. At the time of writing the whole dental staff are housed in the single surgery clinics at Hope Street and Watkin Street. Temporary arrangements have been made to carry out some forms of treatment in rooms other than surgeries at these two clinics, but the extemporisation is unsatisfactory and has been unduly prolonged. However, the long awaited additional surgery in Dudley Street is now approaching completion and will do much to ease the present difficult situation. The new surgery is being provided by the adaptation of the upper floor of an existing residential type property. The dental suite is well designed, will be well equipped, and within the limitations of the building itself should prove to be a pleasant, easily worked clinic with features in advance of the two older clinics in the borough. The completion of this new clinic, however, will still leave one dental officer without a surgery, and it is to be hoped that the proposed new centre at Nunthorpe will soon materialise.



Following on from the subject of staff and accommodation, it must be recorded with regret that existing conditions have led during the year to the resignation of Miss P. Hart, Oral Hygienist, who had been with the Service for some seven years. The increase in the staff of Dental Officers and the resultant congestion at the Hope Street clinic made it impossible for her to carry out her proper duties, and she had in fact to spend most of her time in the capacity of a Chairside Assistant. This arrangement, voluntarily agreed to as a temporary expedient, lasted for nearly two years, but owing to the delay with the adaptation of the Dudley Street premises this valuable member of the staff eventually left to take up an appointment elsewhere. Oral Hygienists are very scarce and even if accommodation were available it is extremely doubtful if a successor could be found to fill the vacancy.

The statistical tables on page 33 give details of the volume and type of work undertaken by the Service. Compared with previous years the figures demonstrate the anticipated effects of an increased staff. More children have been examined at periodic school inspections, more have attended the clinics, and more work has been done for them : but more important still are the facts that less permanent teeth have been extracted whilst more have been filled, and that the number of ' Special ' attendances has been reduced.

Special attendances are usually children in pain requiring urgent extractions. Taken together, therefore, these figures mean that the School Dental Service is beginning to fulfil its major purpose. Children are being examined in time for their teeth to be filled and saved, and by so doing, pain, sepsis, and the necessity of extraction are being avoided.

It must be noted, however, that these figures show tendencies only. In actual fact not much more work has been done, not many more teeth have been saved, and not many less teeth have been extracted. There is only a tendency for conservation to outstrip destruction, and the reason for this is not hard to find. One is sorry to so labour a point, but the accommodation problem must of necessity pervade the whole report. Until more accommodation is provided things are only marking time, and the proper output of two dental surgeons will never be obtained whilst they are sharing the same dental chair.

There is little further comment to make on the statistics so far as school children are concerned, but once again the dental work undertaken for the Maternal and Child Welfare services has shown a slight decline.

The writer can offer no explanation for this except to observe that referrals to the dental clinics from private medical practitioners appear to be fairly constant in number, as do the number of patients who attend of their own accord, but referrals from Maternal and Child Welfare clinics appear to be slowly diminishing over the years. Possibly a subtle change in the type of patient attending these clinics and the fact that an increasing number of them already attend a private dental practitioner, is responsible. However that may be, the maternal and child welfare side of the work of the dental clinics has never been on quite the same basis as that undertaken for school children. The majority of mothers referred to the dental clinics has been in need either of multiple extractions and the provision of artificial dentures, or has required urgent treatment to relieve pain.

It is well known that dental disorders tend to increase during pregnancy, and yet the dental clinics see but few of the better types of young mother who have dentitions that are basically sound but do require conservative treatment. It is probably correct to assume that this type of mother would already be receiving regular examination and treatment elsewhere and would not wish to change her dentist for the odd twelve months or so in which she becomes eligible for treatment at the clinics. This may not be the explanation, however, and in the near future it is hoped that it will be possible to arrange for the examination of a representative group of young mothers by a dental officer in order to ascertain the need for treatment and whether or not steps are being taken to obtain it.

So far as pre-school children are concerned the writer feels that much could be done for this age group, but that the opportunities for the Public Dental Service to provide conservative treatment for these children are, by the nature of things, extremely limited.

The majority of toddlers attending the dental clinics are there because they have obvious pain or sepsis, and for these conservative treatment is usually no longer possible. A few children are referred from the toddler clinics for routine examination and treatment and a few enlightened mothers bring their children voluntarily, but apart from these the public dental officer has no access to the pre-school population as a whole.

Routine examination when the children attain school age reveals much damage beyond repair and emphasises the fact that the first five years of a child's life are indeed a neglected and important dental problem.

The answer to this matter probably lies in education and propaganda. It may be hoped that one day the Public Dental Service will have sufficient staff and time available to take a far greater interest in this aspect of its work, and by prevention minimise the need for an often drastic cure!

An aspect of prevention receiving much attention in recent years has been the adding of soluble fluoride salts to the public water supply in proportions of one part in one million. There is no doubt that naturally occurring fluorine does reduce the incidence of dental decay in the areas where it occurs, and there is a vast bulk of evidence from abroad to show that artificially introduced fluorine has exactly the same effect.

The water supply in Grimsby contains no fluorine, and when the results of carefully controlled tests now being undertaken in this country are known it may be appropriate to consider the possibility of adding fluoride salts to the water supply of this town. The cost of the necessary plant is not high and running expenses are in the nature of pence per head of the population each year. Should clinical evaluation confirm here the experience of others in other countries, there could be no less expensive way of producing a fifty per cent. reduction in the caries rate amongst young people.

Apart from Public Health measures, there is a great deal that the individual may do for himself in order to ensure a good standard of dental health. Dental complaints are largely diseases of civilisation ; by understanding the basic causes of trouble, simple and effective measures may be taken at the personal level to minimise its effects.

The proper care of the mouth and the associated problems of diet require neither the eccentricity of the food crank nor the oddity of the 'tooth brush in my pocket brigade'. The facts however are not widely known, and it is satisfactory that the dental staff has been able during the year to address some eight societies and other bodies in the town and in this way has been able to help people to help themselves. The School Dental Staff will always be glad to take any opportunity given to them of addressing groups of children or young people in the care of the mouth and teeth, and in this way much larger numbers can be reached than is possible by individual advice to patients at the chairside.

In closing this report the writer would like to pay tribute, on behalf of the Dental Staff, to the late Mr. H. Rawet, to whose skill and care the laboratory work of the Service had been entrusted for many years. An old time craftsman who nevertheless kept abreast of modern techniques, his untimely passing has left a gap in the Service it will be very difficult to fill.

At the end of a year in which cautious optimism has been permissible, I must express my gratitude to my staff for their forbearance with very difficult working conditions, and my thanks to the Director of Education, the Medical Officer of Health, Head Teachers and their staffs, and to all departments of the Corporation concerned with the welfare of children, for their invaluable help and co-operation.

## CHILD GUIDANCE SERVICE

Dr. M. J. Tyerman, Psychologist, gives the following report on the work of the Child Guidance Service during 1959.

**1. Staff.** Full-time at the Centre are Dr. M. J. Tyerman, Educational Psychologist ; Miss M. E. D. Pearson, Social Worker ; Mr. T. D. McKenzie, Remedial Teacher/Psychological Tester and Miss K. L. Nocton, Secretary-Receptionist. Mrs. M. N. Green, the remedial teacher, attends the Child Guidance Centre five sessions a week, and spends the remaining sessions in schools. Mrs. D. M. H. Whiteley, the half-time remedial teacher, resigned in March.

Dr. J. F. R. Goodlad, Consultant Psychiatrist of Lincoln, has continued to attend two sessions weekly as a representative of the Regional Hospital Board. His skilful service and ready co-operation are greatly appreciated.

### 2. Statistical Summary :—

Number of children referred since the Service was inaugurated : 1857

Number of children referred by year :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
116	124	127	105	143	174	250	236	200	192	190

**Comment.**—One hundred and ninety Grimsby children were referred for individual examination. In addition, nearly four hundred pupils were tested in groups or classes and five hundred and eighty-two children received help in schools from the remedial teachers.

In the mass of statistics of an annual report it is easy to forget that each figure represents an unhappy child, and often one or more anxious relatives. During the year there were 190 such children referred with many diverse problems, including inability to keep a job, bed-wetting, difficulty in learning to read, irrational fear of dying, stammering, sleep walking, hatred of the parent and, most difficult of all, untreatable mental backwardness.

Anyone may request an appointment for a child under 18 and no one is refused. All attendances are entirely voluntary.

But this child guidance service is concerned not only with the personal aspect of the problem child but with the educational and social adjustment of all children. During the year under review help of a general nature was therefore given to schools in addition to the treatment of individual cases and the work of the remedial classes.

The Service regards itself as one type of welfare agency among the many that exist in the town, and believes that it cannot function effectively without their co-operation and friendship. In Grimsby there is a close and friendly link between the child guidance service and the schools, the school health service children's department, the local doctors and hospitals and the probation service, to mention but a few. Sincere thanks are extended to them, and especially to Dr. R. Glenn, the Principal School Medical Officer and to Dr. R. E. Richardson, the Director of Education whose encouragement and active help are so valued and appreciated.

#### **A. Cases closed, current and awaiting interview :**

Number of children examined during 1959	..	..	..	174
Number of cases closed during the year	..	..	..	189
Number of cases current on 31st December 1959	..	..	..	131
Number of children awaiting initial interview	..	..	..	20

#### **B. Particulars of children referred during 1959.**

1. <b>Number</b> (excluding those submitted for remedial teaching in schools)	..	..	190
--	----	----	-----



**2. Age at time of referral:**

Below 5 years	Pre-School .. .. .	17
5 but not 6 }	Primary (Infant) School ..	7
6 " " 7 }		11
7 " " 8 }	Primary (Junior) School ..	12
8 " " 9 }		17
9 " " 10 }		28
10 " " 11 }		22
11 " " 12 }	Secondary School .. ..	24
12 " " 13 }		23
13 " " 14 }		10
14 " " 15 }		10
15 and above		9

Most of the children referred are in Primary Schools. This is to be encouraged, for at this stage a child's attitude to learning is determined, and for prevention and cure, the earlier the condition is discovered the better.

**3. Sex : Boys 123 ; Girls 67.**

As in previous years, the proportion of boys to girls is approximately 2 : 1. Probably the difference does not mean that girls have fewer difficulties than boys but that their difficulties are more acceptable and less noticeable.

**4. Reasons given for referral:**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>%</i>
Mental or personality assessment .. ..	49	25	74	39
Difficult behaviour .. .. .	41	12	53*	28
Emotional problems .. .. .	13	4	17	9
Educational Guidance .. .. .	11	13	24	13
Habit disorders .. .. .	8	11	19	10
Failure to make progress at school .. ..	1	2	3	1

These categories overlap considerably, and relate to the conditions for which the child is referred. Often these are a poor guide to the actual circumstances found on examination.

As in previous years the most frequent reason for referral was mental and personality assessment, usually with a view to discovering the cause of the children's failure to progress satisfactorily at school.

**5. Source of referrals:**

	<i>%</i>
Parents direct or through school .. .. .	15
School through headteacher .. .. .	44
Medical Services through M.O.H. .. .. .	7
L.E.A. Officers .. .. .	13
General Practitioners or Consultants .. .. .	10
Children's Department or Magistrates through Children's Officer or M.O.H. .. .. .	7
Probation Officer .. .. .	2
Speech Therapist .. .. .	1
Other .. .. .	1

Approximately half the children were referred from school. This reflects the fact that this is a Schools Psychological Service within an Education Department, with a first responsibility towards schools and school children.

#### 6. Cases from previous years dealt with in 1959:

Number of children referred in 1958 but not interviewed until 1959 .. .. .	13
Number of children interviewed in 1958 and still current on 1st January, 1959 .. .. .	117

#### C. Details of Referral Interviews held:

1. Number: .. .. . 174

#### 2. Intellectual level of the 174 cases:

Ineducable/educationally subnormal	(I.Q. below 70)	..	15
Dull	(I.Q. 70—84)		17
Low Average	(I.Q. 85—94)		31
Average	(I.Q. 95—104)		23
High Average	(I.Q. 105—114)		16
Superior	(I.Q. 115—129)		17
Very Superior	(I.Q. 130+ )		8
Not tested			47

In previous years there has been a tendency for the Centre to deal mainly with less gifted children. Now, however, the proportions tend to represent those found within the community.

#### 3. Recommendations made at the time of first interview: 174

(a) Regular and frequent treatment interviews: ..	39
(b) Occasional interviews/supportive: .. ..	23
(c) Report/Advice excluding (d) .. .. .	103
(d) Special Educational Treatment required ..	9

Frequent interviews were suggested for about a quarter of all the children seen. Much can be done by advice and by a family approach: by altering the conditions that cause the tension. It must always be remembered that a home is built round a mother. Many of the mothers seen at the Centre are burdened by anxieties and by too many demands on their time and energy. It is essential that the child guidance service does not add to these by advising regular attendance, if the problem can be dealt with in any other way.

#### D. Analysis of Interviews: .. .. . 2,711

1. Interviews with children by: .. .. .	(1,172)
Psychologist .. .. .	201
Psychiatrist .. .. .	149
Social Worker .. .. .	152
Remedial Teachers .. .. .	670

2. Interviews with <b>parents</b> by:	..	..	..	(880)
Psychologist	..	..	..	240
Psychiatrist	..	..	..	162
Social Worker	..	..	..	392
Remedial Teachers	..	..	..	86
3. <b>School Visits</b> by:	..	..	..	(337)
Psychologist	..	..	..	174
Social Worker	..	..	..	2
Remedial Teachers	..	..	..	131
4. <b>Home Visits</b> by:	..	..	..	(322)
Psychologist	..	..	..	62
Social Worker	..	..	..	255
Remedial Teachers	..	..	..	5

#### E. Closures during 1959:

1. <b>Total number of cases closed:</b>	..	..	189
2. <b>Reasons for closures:</b>			
(a) No treatment. Diagnosis followed by report, recommendation or advice	..	..	93
(b) Child transferred to another department or out of the area	..	..	13
(c) Parents did not accept offer of treatment	..	..	12
(d) Problem cleared by time of interview	..	..	2
(e) Treatment, supervision or advice, cases followed up and found suitable for closure	..	..	69

**F. Lectures.** During the year eleven lectures were given by the psychologist and two by the social worker. Among these was a request series on teaching reading in the secondary modern school and one to over 150 adolescents at a Sunday youth club.

#### G. Composition of Case Load on 31st December, 1959:

1. Total number of children	..	..	..	131
2. (a) Number of children awaiting initial interview				20
(b) Number of children whose treatment has been discontinued or who do not require treatment but whose progress requires following up	..	..	..	49
(c) Number of cases (excluding "follow-ups") receiving intensive treatment from:				
Psychologist	..	..	..	9
Psychiatrist	..	..	..	17
Remedial Teachers	..	..	..	19
Social Workers	..	..	..	13
(d) Number of children concerning whom further information is needed before any action is taken	..	..	..	4

3. Number of children referred before 1st January, 1959, and still current on 31st December, 1959..	62
Number referred in 1959 and still current (including "follow-ups" and children awaiting appointments) .. .. .	69

### SPEECH THERAPY

(Report by Miss G. M. Roberts)

This report covers the work carried out in the Department of Speech Therapy during the year 1959.

On 1st January, 1959, there were 65 patients receiving regular weekly treatment (TR) and 16 under 3 or 6 monthly observation (OBS). There was a carryover waiting list (WL) of 29 referrals.

**Table 1.**

TR .. .. .	65
OBS .. .. .	16
WL .. .. .	29
	<hr/>
	110

During the year there have been a further 92 referrals bringing the total case load to 202.

**Table 1A.**

Table 1 .. .. .	110
New referrals .. .. .	92
	<hr/>
	202

**Disposal.**—(Dec. 1959). By the end of the year these 202 cases had been disposed of in the following manner.

**Table 2.**

TR .. .. .	58	83
OBS .. .. .	25	83
Discharged .. .. .	..	52
Treatment refused by parents ..	..	5
WL .. .. .	..	62
	<hr/>	
	202	

It will be noted that the lower number of children receiving weekly treatment at the end of the year is due to a change of timetable to allow more regular school visiting to be done.

**Sources of Referrals.**—(See Table 1A)

Head Teachers .. ..	66
Grimsby and District Hospital ..	0
Scartho Road Hospital .. ..	2
School Medical Officers .. ..	11
Parents .. ..	1
Child Guidance Centre .. ..	1
Maternal and Child Welfare Centre	2
General Practitioners .. ..	2
Probation Office .. ..	1
Speech Therapist (Mrs. J. Stones L.C.S.T., North Lindsey) ..	6
	<hr/>
	92
	<hr/>

**Table 3**

The following table has been compiled to show the variety of defects of speech, voice and language found among those patients under regular treatment and under observation. (See Table 2). The distribution between the two sexes has also been shown.

Types of defect	Girls	Boys	Total
Retarded speech and language (Development) .. ..	5	11	16
Dyslalia .. ..	6	26	32
Cleft palate .. ..	4	4	8
Excessive nasal resonance .. ..	—	5	5
**Dysarthria and Dysphasia .. ..	—	1	1
Dysphasia .. ..	1	—	1
Dysphonia .. ..	—	1	1
Partial deafness .. ..	1	2	3
Stammering .. ..	1	14	15
Cluttering .. ..	1	—	1
	<hr/>	<hr/>	<hr/>
	19	64	83
	<hr/>	<hr/>	<hr/>

From this table it will be seen that female patients form only about 23% of the cases receiving treatment at the present time. This figure varies to a maximum of 33% in other areas of the country, and therefore the remaining 77% of male patients is regarded as illustrating the normal distribution of speech and language defects between the sexes.

**Table No. 4**

Ages at time of referral	Girls	Boys	Total
Pre-school (Under 5 years) .. ..	6	6	12
Infants (5 to 7 years) .. ..	11	38	49
Juniors (7 to 11 years) .. ..	1	15	16
Secondary (11 to 15 years) .. ..	1	5	6
	<hr/>	<hr/>	<hr/>
	19	64	83
	<hr/>	<hr/>	<hr/>



It is pleasing to see that, compared with a similar table compiled for the year ending 31st December, 1957, the number of children referred at the junior school level has fallen, and that for the children referred during infant school has risen by 36%. This means that the speech therapist has a slightly better chance of improving a child's speech providing the child has average intelligence and is co-operative.

**Physical Defects.**—These may best be divided into two groups :—

Group A Structural deformities affecting the speech organs.

Group B Central disorders of a neurological type affecting the development of speech and language, and peripheral disorders of the nervous system.

The number of children with physical defects affecting speech or language has a positive correlation with the number of long term cases under treatment.

**Appointments.**—2,246 appointments have been offered and of these 1,742 were kept. Of the 505 not kept not more than 50 gave any notification either in advance or in retrospect.

Average attendance is 77.5%.

#### Visits.

During the year the following visits were made :—

To Carnforth Day Special School for a Treatment Session	..	36
Routine school visits	.. .. .	33
Hospital visits	.. .. .	3
School clinic for audiometric testing	.. .. .	1
Orthodontist	.. .. .	1
		—
		74
		—

There have been two "consultation" sessions with Mrs. J. Stones, L.C.S.T., who is my nearest colleague. These have been used to see each other's most difficult and/or most interesting patients, assess them and exchange ideas for suitable therapy. These sessions have so far been held at 10, Heneage Road, Grimsby.

**Referrals.**—I would like to thank all the different departments of the School Health Service, who have given their help and advice on certain of my patients. It may also be of interest to add that several of my patients have at last been selected for special education following examination and assessments made by the staff of Moor House School, Oxted, Surrey, — originally the only school for resident pupils with serious speech and language disorders.

The boy, (referred to by \*\* in Table 3, with dysarthria and dysphasia has been selected for a place at Moor House. Two girls, one with epileptic disturbances and one who is a cerebral palsied child with a spastic dysarthria, have been discharged and are now in attendance at Lingfield Hospital School and Thieves Wood Special School for physically handicapped pupils, respectively. All those patients were referred here by Lindsey Authority originally. One of the Grimsby patients (male) has been referred to Churchill Hospital, Oxford, for palatal surgery by Mr. James Calman, F.R.C.S. Post operative Speech Therapy will be carried out by Miss C. Renfrew, F.C.S.T.

During the year, I have been able to attend two meetings of Speech Therapists in the Lincolnshire area, both held at Lincoln in April and November, 1959. Of greatest importance was the 11th Congress of the International Association of Logopaedics and Phoniatrics (I.A.L.P.) held at the Church House, Westminster from 17th — 22nd April. This was a wonderful and memorable experience and a splendid opportunity of meeting the workers in the field of Speech Therapy from all over the world. For this opportunity, I must thank the Grimsby Education Committee, who made my attendance possible. The 12th Congress in 1962 is to be held in Padua.

During the year, I have received the help and co-operation of a great number of people in the course of my work, and I have appreciated their kindness. In particular, I should like to extend my thanks to the Head Teachers, the School Medical Officers and School Health Service, and the Principal School Dental Officer ; to Mr. Spencer Harrison, at the E.N.T. Department of Scartho Hospital and to Dr. Stone, the Paediatrician, all of whom have been most kind and helpful.

My thanks go also to the Director of Education for his help and personal interest in the Speech Therapy Centre throughout the year.

## PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education)

Physical Education continued to develop on the same pattern as in recent years. Good use was made of the facilities both in and out of school, and the wide variety of apparatus in all schools enabled many stimulating and enjoyable lessons to be given.

**Primary Schools.**—In primary schools lessons generally consisted of free movement followed by group work. Emphasis was placed on the teaching of skills and agilities, each child being encouraged to explore freely the field of movement. In the junior departments basic games skills were developed, the more able children forming members of teams playing football or netball in the school leagues. Hockey training for girls was extended.

More teachers continued movement training through dance and drama, using the tambour, triangle or drum for rhythm and beat. Country dancing was again popular and for the first time a Country Dance Party for junior schools was held, the hosts being Nunthorpe Primary Junior Girls' School. Teams danced on the grass quadrangle, each school demonstrating one special dance though taking part in the other communal dances. This party was held informally, but its success was such that other parties are being planned on more ambitious lines.

The B.B.C. "Music and Movement" lessons were widely taken and were popular.

Junior school sport continued to thrive and all schools were able to use grass pitches for their games. Arrangements were made whereby the Little Coates, South Parade and Macaulay primary junior departments used the pitches at Hereford Avenue, together with the excellent changing facilities and showers in the Nuns' Corner pavilion. Time, however, was inevitably wasted

travelling to and from the fields. It was, therefore, of great satisfaction to know that South Parade and Macaulay Schools will soon be playing on their own grounds. When the proposed new school on Hereford Avenue is completed it is unlikely that Little Coates Primary School will be able to continue to use this area. The acquisition of a piece of land near this school would, therefore appear to warrant consideration.

The Junior School Netball Competition held on Clee Fields proved a great success. Scartho Primary School were the winners.

All physical education equipment was sufficient in quantity and was kept in a good state of repair.

**Secondary Schools.**—The physical education carried out in the secondary schools continued to develop along the lines generally accepted as suitable for older pupils. The curriculum included a wide variety of games and activities suitable for the pupil of average ability and for the skilful games player.

Facilities for physical education remained as for the previous year, but it was gratifying to know that when plans for the Havelock and Hereford Avenue Schools are complete, pupils at Havelock and now at Armstrong will enjoy conditions similar to those in our newer schools.

The small playing field adjacent to the Welholme Schools was prepared ready for sowing, and this will provide better outdoor opportunities for these schools.

The arrangement whereby the Technical Secondary School used soccer and hockey pitches at Hereford Avenue from 3.0 — 4.0 p.m. daily for their winter games training was a great success. This area was also used for summer games, but a lack of tennis courts here restricted the girls to athletics and rounders. During the week full use was made of the changing facilities in the pavilion and also on Saturdays when school matches for boys and girls were held. Impending building operations in connection with the new school may preclude the full use of this area in future. If the Technical Secondary School reverts to using Clee Fields, the inadequate facilities here will contrast unfavourably with those of Nuns' Corner. It is, therefore, opportune that consideration be given to the proposal to demolish the pavilion at Clee Fields and erect a modern building at the entrance, for Clee Fields serves as the playing field of several secondary schools, primary schools and youth organisations as well as being the venue of the Inter-School Sports and County Athletics Meetings. The present building is over 50 years old and in addition to being inadequate, is not capable of being remodelled to modern standards.

Work in the gymnasium formed the basis of all physical education schemes and this was supplemented by games, athletics, swimming and dancing. Inter-school games of soccer, cricket, hockey and netball were played on a competitive basis after school or on Saturdays.

Sports Days were held by all schools and the annual Inter-School Sports took place on Clee Fields. Standards continued to rise and many record performances were broken.

As usual, the team of athletes representing Grimsby, Cleethorpes and District took part in the County Athletics Championships held at Spalding. In the Junior and Senior Girls' events, Grimsby took 1st place and were placed 6th in the Intermediate section. The Junior and Senior Boys took 2nd place in their sections, whilst the Intermediate Boys were placed 4th.

Thirteen competitors out of a county team of thirty-seven were selected to represent Lincolnshire at the National Championships held at Northwich, Cheshire.

The Cross Country Championships held at Cleethorpes over a course of 2½ miles was won by Beacon Hill Secondary School. 124 runners representing 24 teams took part.

The Grimsby Wintringham Boys' Grammar School carried out an extensive games programme. Four boys played for the county in the Lincolnshire Grammar Schools Soccer XI. One boy attended the F.A. Schools Week Coaching Course at Oxford and three boys attended the F.A. Coaching Course for County Teams held at Leeds. A full programme of House Matches was arranged for soccer and cricket. In addition, the school ran four soccer XI's and three cricket XI's in competition with other schools. The Inter-Grammar Schools Athletics Meeting held at Cranwell resulted in Wintringham winning the senior and intermediate sections and being placed sixth in the junior events. Cross-country teams competed in the Lincolnshire Inter-Grammar Schools, the North Midlands Inter-Grammar Schools and the Grimsby, Cleethorpes and District competitions, being placed fourth, fourth and ninth respectively.

Physical education in the Wintringham Girls' Grammar School also showed good progress and the inclusion of a scheme for dancing widened the scope of the work. In the field of sport the school had a most successful year. Three hockey teams representing the 1st XI, 2nd XI and under 15 XI and four netball teams drawn from four year groups carried out a very successful winter sports programme. The senior netball team won the County Netball Tournament at Lincoln and represented the county in the Midlands Tournament held at Nottingham. The under 13 team was unbeaten. During the summer the school was undefeated in matches played by the 1st tennis and rounders teams. Fourteen records were broken on the school sports day, and the school team went forward to win all sections of the Inter-Grammar Schools' Athletics Meeting held at Grimsby later in the season.

The Technical Secondary School carried out a comprehensive curriculum of physical education at school and on the games field. The arrangement whereby the school had the use of changing facilities and pitches at Hereford Avenue was most successful. This contributed materially to the great expansion of the sporting activities carried out by this school. Proper facilities encouraged more pupils to take part more frequently. The request for correct hockey clothing for the girls met with a good response and many provided themselves with grey shorts, hockey boots and socks. Good use was made of the catering facilities, and refreshments for the home and visiting teams were enjoyed in the pavilion.



The fully equipped gymnasium was used to good purpose by the boys and girls, where work in the lower age groups was based on the teaching of vaulting and agility. Both boys and girls held gym clubs after school. A boys' team competed in a twelve-a-side competition against Chelmsford Secondary Boys' School and were narrowly beaten. Circuit training and football skills were also taken in the gymnasium and basket-ball was taken in the school playground. Three football teams representing the 1st XI, under 15 XI and under 13 XI competed regularly against local school sides and additional fixtures were arranged against the Louth and Scunthorpe Grammar Schools. House matches for soccer were arranged throughout the season on a competitive basis. The school basket-ball team competed in an American Tournament at Chelmsford Secondary Boys' School. The school team was placed 2nd in a contest between four schools. Cross-country running was held on a House basis and two teams were entered in the Inter-School Cross Country Championships at Cleethorpes. P. Walton came home 2nd in the individual placings. A match was arranged against John Leggatt Grammar School, Scunthorpe, the result being a draw. The school fielded two cricket teams, the 1st XI competing against Grammar and other senior sides in the district and the under 15 XI competing in the local school leagues. Sports Day, held in the form of Inter-House competition, was held on Hereford Avenue. Competition was keen and the standard of performance high. Seventeen records were broken. C. Cowdrey won the senior girls' high jump event at the County Sports and represented Lincolnshire in the National Championships at Northwich. She was placed 2nd. Swimming formed an important part of the P.E. scheme for boys and girls. F. Kirton was out-standing. He obtained many successes, including nine championships, won at Skegness, Hull, Sheffield, Spalding and Grimsby. V. Daly also swam well in the girls' events and represented Grimsby at Hull, Sheffield and Spalding. Better facilities enabled more hockey to be played and two XI's carried out a series of matches against local and other teams. Netball, too, was extremely popular and four school teams competed regularly in league games and supplementary fixtures.

The restriction imposed on the physical education of the pupils at Havelock, owing to the lack of gymnasia, changing accommodation and playing fields, remained. This was further aggravated by the presence of sixth form pupils using the stages in the halls for private study periods owing to lack of classrooms. When physical education lessons were also in progress there an unsatisfactory situation was created for both parties. The boys' scheme included vaulting and agility, circuit training, games, athletics, swimming, cross-country running, cricket, soccer and badminton. The girls' scheme included gymnastics, dancing, netball, hockey, tennis, athletics, rounders and swimming. After school clubs for gymnastics, badminton and swimming were held for boys and girls, the swimming being taken at Eleanor Baths in the evening. Soccer was played on the Inter-House basis between five teams representing each age year. Teams also competed in the local football leagues. Mention must be made of the outstanding achievement of R. B. Cullum, who was chosen to represent the English Grammar Schools against the Scottish Grammar Schools in Glasgow. He has since been appointed as Captain of the Lincolnshire Grammar Schools' Football Team, having played as a regular member for three years. Two cricket teams representing the school played all their fixtures against teams in the county. House matches were arranged on the



Inter-House system. As usual, the school entered a cross-country team in the local Cross Country Running Championships. Sports Day, held on Clee Fields, produced excellent competition and seventeen existing records were broken. The girls won the Senior Girls' Trophy for large schools. Hazel Abbey and G. Goodwin represented Lincolnshire in the National Championships in the hurdle and sprint events for the under 15 section.

Physical education at the College of Further Education was restricted to the playing of games and swimming. Matches were arranged for football, hockey and tennis. The completion of their own sports ground should enable a great expansion to take place in games, and the completion of the sports hall will enable a wide range of activities to be developed.

**Camp School.**—Two primary junior and two secondary schools took part in a new venture for Grimsby.

Forty pupils from each of four schools lived for one week at the Y.M.C.A. camp at Humberstone. Each school party was accompanied by two teachers who planned and carried out a modified school time-table. The perfect weather conditions contributed greatly to the success of the venture, and both teachers and children were enthusiastic in their praise for the scheme. The outstanding features were the great variety of social habits displayed and the self-reliance and independence developed even in so short a time. Separate detailed reports on the scheme were submitted to the Committee earlier in the year.

**Swimming.**—Another successful year of progress in swimming can be reported. For the first time over 50% of all children attending the baths learned to swim.

The number on the registers for the year was 2,403. The number of swimmers was 1,930 (1,019 boys, 911 girls), i.e. over 80% of all children on the swimming registers were swimmers. A total of 1,224 children learned to swim.

Swimming taken to a more advanced stage resulted in the award of 653 1st grade, 179 2nd grade and 52 3rd grade badges. Eight boys and girls gained the E.S.S.A. awards.

The galas held at the end of each term again took place at the Orwell Baths. The County Swimming Gala was held at Spalding, where six teams from the county competed. In both the boys' and girls' events, Grimsby came second and in the overall total came third to Kesteven and Lincoln.

**Playing Fields.**—Much progress was made in the construction of playing fields. Those at the Macaulay, South Parade, Welholme and Havelock Schools were prepared for sowing, and those at the College of Further Education and Chelmsford Secondary Boys' School were almost completed. The extensive work which had been going on for some time at the Grammar Schools was completed and six bituturf cricket batting ends were laid at the Boys' School. Hard practice areas were also laid on the Welholme and Clee playing fields. Grass wickets were prepared on the Wintringham, Hereford Avenue and Western Primary school fields. All other grounds were well maintained and were extensively used by the schools and youth organisations.

During the summer holidays the playing fields at the Yarborough Primary Schools, Chelmsford/Hereford Avenue and Clee Fields were opened for games. A separate report was submitted to the Committee at the end of these holidays.

Reference must be made to the valuable contribution made by the Schools' Sports Association. The voluntary services rendered by the Association, providing for so many and such varied sporting activities are of great value and significance in the education of the children, and the appreciation of all is due to those concerned with the promotion of such activities.

My thanks are due to the Director of Education and to Dr. Glenn for their continued help and support, and to the Head Teachers and staffs generally in co-operating with me throughout the year.

**PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(Including Nursery and Special Schools)**

**TABLE A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later	1096	1,092	99.64	4	0.36
1954	810	808	99.75	2	0.25
1953	46	46	100	—	—
1952	12	12	100	—	—
1951	58	56	96.55	2	3.45
1950	33	33	100	—	—
1949	1,163	1,161	99.83	2	0.17
1948	527	526	99.81	1	0.19
1947	57	57	100	—	—
1946	116	116	100	—	—
1945	1,355	1,344	99.19	11	0.81
1944 and earlier	95	95	100	—	—
<b>TOTAL</b>	<b>5,368</b>	<b>5,346</b>	<b>99.59</b>	<b>22</b>	<b>0.41</b>

**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS**  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later	1	154	152
1954	—	112	102
1953	—	11	9
1952	—	1	1
1951	4	3	6
1950	2	6	8
1949	49	71	108
1948	23	26	45
1947	—	2	2
1946	2	4	6
1945	76	47	117
1944 and earlier	7	2	9
<b>TOTAL</b>	<b>164</b>	<b>439</b>	<b>565</b>

**TABLE C.—OTHER INSPECTIONS**

Number of Special Inspections ... ..	81
Number of Re-inspections ... ..	20
<b>TOTAL ...</b>	<b>101</b>

**TABLE D.—INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	31,637
(b) Total number of individual pupils found to be infested ... ..	591
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... ..	122
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... ..	57



**PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR**

**TABLE A.—PERIODIC INSPECTIONS**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin ...	13	94	4	62	12	97	29	253
5	Eyes— ...								
	a. Vision ...	1	30	83	310	80	259	164	599
	b. Squint ...	7	58	1	23	2	64	10	145
	c. Other ...	3	20	—	11	—	15	3	46
6	Ears— ...								
	a. Hearing ...	6	5	2	13	4	20	12	38
	b. Otitis ...								
	Media ...	4	29	—	28	3	34	7	91
	c. Other ...	1	4	—	10	—	11	1	25
7	Nose and ...								
	Throat ...	40	297	5	73	8	123	53	493
8	Speech ...	8	39	—	21	2	43	10	103
9	Lymphatic ...								
	Glands ...	13	129	—	11	3	32	16	172
10	Heart ...	9	18	5	38	7	30	21	36
11	Lungs ...	7	66	—	45	4	46	11	157
12	Develop- ...								
	mental— ...								
	a. Hernia... ..	1	1	—	2	—	2	1	5
	b. Other ...	2	21	3	49	3	54	8	124
13	Orthopaedic ...								
	a. Posture ...	—	8	—	27	1	41	1	76
	b. Feet ...	18	28	1	20	9	50	28	98
	c. Other ...	69	105	7	48	27	116	103	269
14	Nervous ...								
	System— ...								
	a. Epilepsy ...	—	6	—	4	—	6	—	16
	b. Other ...	—	15	1	5	—	15	1	35
15	Psychological ...								
	a. Develop- ...								
	ment ...	—	4	—	10	—	148	—	162
	b. Stability ...	—	60	—	16	—	43	—	119
16	Abdomen ...	1	6	—	2	—	4	1	12
17	Other ...	4	11	—	5	—	17	4	33

TABLE B.—SPECIAL INSPECTIONS

Defect Code No.  (1)	Defect or Disease  (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin ... ..	22	—
5	Eyes— <i>a.</i> Vision ... ..	17	—
	<i>b.</i> Squint ... ..	1	—
	<i>c.</i> Other ... ..	15	—
6	Ears— <i>a.</i> Hearing ... ..	4	3
	<i>b.</i> Otitis Media ... ..	3	—
	<i>c.</i> Other ... ..	3	—
7	Nose and Throat ... ..	2	—
8	Speech ... ..	—	—
9	Lymphatic Glands ... ..	—	—
10	Heart ... ..	1	—
11	Lungs ... ..	—	—
12	Developmental—		
	<i>a.</i> Hernia... ..	—	—
	<i>b.</i> Other ... ..	—	—
13	Orthopaedic—		
	<i>a.</i> Posture ... ..	1	—
	<i>b.</i> Feet ... ..	1	—
	<i>c.</i> Other ... ..	3	1
14	Nervous system		
	<i>a.</i> Epilepsy ... ..	—	—
	<i>b.</i> Other ... ..	4	—
15	Psychological—		
	<i>a.</i> Development ... ..	—	—
	<i>b.</i> Stability ... ..	—	—
16	Abdomen ... ..	—	—
17	Other ... ..	4	1

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY  
AND SPECIAL SCHOOLS)**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	7
Errors of refraction (including squint) ... ..	2,263
Total ... ..	2,270
Number of pupils for whom spectacles were pres- cribed ... ..	2,064

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	22
(b) for adenoids and chronic tonsillitis ... ..	374
(c) for other nose and throat conditions ... ..	30
Received other forms of treatment ... ..	26
Total ... ..	452
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959 ... ..	2
(b) in previous years ... ..	4

**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients depart- ments ... ..	165
(b) Pupils treated at school for postural defects ... ..	—
Total ... ..	165

**TABLE D.—DISEASES OF THE SKIN**  
(excluding uncleanness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp ... ..	—
(b) Body ... ..	—
Scabies ... ..	1
Impetigo ... ..	19
Other skin diseases ... ..	6
Total ... ..	26

**TABLE E.—CHILD GUIDANCE TREATMENT**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ... ..	190

**TABLE F.—SPEECH THERAPY**

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	135

**TABLE G.—OTHER TREATMENT GIVEN**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ... ..	87
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	—
(c) Pupils who received B.C.G. vaccination ...	573
(d) Other than (a), (b) and (c) above.	
Please specify :	
1—Respiratory System ...	9
2—Cardio-Vascular System ...	9
3—Alimentary System ...	104
4—Central Nervous System ...	4
5—Genito-Urinary System ...	20
6—Other conditions not speci- fied. ... ..	53
Total (a)—(d)	859



**PART IV—DENTAL INSPECTION AND TREATMENT CARRIED  
OUT BY THE AUTHORITY.**

1.	Number of pupils inspected by the Authority's Dental Officers—						
	(a) At Periodic Inspection	...	...	...	...	5,678	
	(b) As Specials	...	...	...	...	2,300	
	Total (1)	...	...	...	...	7,978	
							<hr/>
2.	Number found to require treatment	...	...	...	...	6,432	
3.	Number offered treatment	...	...	...	...	6,432	
4.	Number actually treated	...	...	...	...	5,790	
5.	Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h) overleaf	...	...	...	...	10,317	
							<hr/>
6.	Half-days devoted to : Periodic (School)						
	Inspection	...	...	...	...	49	
	Treatment	...	...	...	...	1,668	
	Total (6)	...	...	...	...	1,717	
							<hr/>
7.	Fillings : Permanent Teeth	...	...	...	...	3,815	
	Temporary Teeth	...	...	...	...	261	
	Total (7)	...	...	...	...	4,076	
							<hr/>
8.	Number of teeth filled : Permanent Teeth	...	...	...	...	3,716	
	Temporary Teeth	...	...	...	...	261	
	Total (8)	...	...	...	...	3,977	
							<hr/>
9.	Extractions : Permanent Teeth	...	...	...	...	2,069	
	Temporary Teeth	...	...	...	...	6,839	
	Total (9)	...	...	...	...	8,908	
							<hr/>
10.	Administration of general anaesthetics for extraction	...	...	...	...	3,646	
							<hr/>

## 11. Orthodontics:

(a)	Cases commenced during the year	...	...	55
(b)	Cases carried forward from previous year	...	...	20
(c)	Cases completed during the year	...	...	26
(d)	Cases discontinued during the year	...	...	4
(e)	Pupils treated with appliances	...	...	75
(f)	Removable appliances fitted	...	...	68
(g)	Fixed appliances fitted	...	...	17
(h)	Total attendances	...	...	595

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12. Number of pupils supplied with artificial teeth ... 80

## 13. Other operations:

Permanent teeth	...	...	...	...	1,360
Temporary teeth	...	...	...	...	1,840
Total (13)					3,200

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